| Fill in this information to identify your case: |                                                                              |                                      |
|-------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------|
| United States Bankruptcy Court for the :        |                                                                              |                                      |
| NORTHERN District of _ILLINOIS(State)           |                                                                              |                                      |
| Case Number (If known):                         | Chapter you are filing under:  Chapter 7  Chapter 11  Chapter 12  Chapter 13 | ☐ Check if this is an amended filing |

### **Official Form 101**

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Identify Yourself                                                      |                            |                                               |
|----|------------------------------------------------------------------------|----------------------------|-----------------------------------------------|
|    |                                                                        | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name                                                         |                            |                                               |
|    | Write the name that is on your government-issued picture               | Jasen<br>First name        | Jennifer First name                           |
|    | identification (for example,<br>your driver's license or<br>passport). | Robert<br>Middle name      | L<br>Middle name                              |
|    | Bring your picture identification to your meeting                      | Sundberg<br>Last name      | Sundberg<br>Last name                         |
|    | with the trustee.                                                      | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you                                                    |                            |                                               |
|    | have used in the last 8 years                                          | First name                 | First name                                    |
|    | Include your married or maiden names.                                  | Middle name                | Middle name                                   |
|    |                                                                        | Last name                  | Last name                                     |
|    |                                                                        | First name                 | First name                                    |
|    |                                                                        | Middle name                | Middle name                                   |
|    |                                                                        | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of your Social Security                         | xxx - xx - <u>1953</u>     | XXX - XX - <u>5152</u>                        |
|    | number or federal<br>Individual Taxpayer<br>Identification number      | OR                         | OR                                            |
|    | identification number                                                  | 9xx - xx                   | 9xx - xx                                      |
|    |                                                                        |                            |                                               |

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Document Sundberg Jasen Robert Debtor 1 Case Number (if known)

|    |                                                                                                                                                 | About Debtor 1:                                                                                                                                                                                                             | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                                                                         |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names | Business name  Business name  EIN  EIN                                                                                                                                                                                      | Business name  Business name  EIN  EIN                                                                                                                                                                |
| 5. | Where you live                                                                                                                                  | 1122 Stratford Ct Number Street                                                                                                                                                                                             | If Debtor 2 lives at a different address:  Number Street                                                                                                                                              |
|    |                                                                                                                                                 | Island Lake IL 60042 City State ZIP Code MCHENRY County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street | City State ZIP Code  County  If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address.  Number Street  P.O. Box |
|    |                                                                                                                                                 | City State ZIP Code                                                                                                                                                                                                         | City State ZIP Code                                                                                                                                                                                   |
| 6. | Why you are choosing this district to file for bankruptcy.                                                                                      | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  have another reason. Explain. (See 28 U.S.C. § 1408                                       | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408               |

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Debtor 1

Jasen Robert Document Sundberg

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| Pa  | Tell the Court About You                                                                                                                                                                                                                         | r Bankruptcy              | Case                                |                                                                               |                                                                 |                                                                                                                                                                                                                                                          |   |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 7.  | The chapter of the  Bankruptcy Code you  Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                           |                                     |                                                                               |                                                                 |                                                                                                                                                                                                                                                          |   |
|     | are choosing to file under                                                                                                                                                                                                                       | ■ Chapter 7  □ Chapter 11 |                                     |                                                                               |                                                                 |                                                                                                                                                                                                                                                          |   |
|     | under                                                                                                                                                                                                                                            |                           |                                     |                                                                               |                                                                 |                                                                                                                                                                                                                                                          |   |
|     |                                                                                                                                                                                                                                                  | ☐ Chap                    | ter 12                              |                                                                               |                                                                 |                                                                                                                                                                                                                                                          |   |
|     |                                                                                                                                                                                                                                                  | ☐ Chap                    | ter 13                              |                                                                               |                                                                 |                                                                                                                                                                                                                                                          |   |
| 8.  | How you will pay the fee                                                                                                                                                                                                                         | local<br>yours<br>subm    | court fo<br>self, you<br>nitting yo | r more details abo                                                            | out how you may sh, cashier's chec                              | Please check with the clerk's office in your pay. Typically, if you are paying the fee k, or money order. If your attorney is torney may pay with a credit card or check                                                                                 |   |
|     |                                                                                                                                                                                                                                                  |                           |                                     |                                                                               | -                                                               | ose this option, sign and attach the in Installments (Official Form 103A).                                                                                                                                                                               |   |
|     |                                                                                                                                                                                                                                                  | By la<br>less<br>pay t    | w, a jud<br>han 150<br>he fee ii    | ge may, but is no<br>0% of the official p<br>n installments). If              | t required to, waiv<br>poverty line that a<br>you choose this o | est this option only if you are filing for Chapter 7. We your fee, and may do so only if your income is opplies to your family size and you are unable to ption, you must fill out the <i>Application to Have the</i> B) and file it with your petition. |   |
| 9.  | Have you filed for bankruptcy within the                                                                                                                                                                                                         | ■ No                      |                                     |                                                                               |                                                                 |                                                                                                                                                                                                                                                          |   |
|     | last 8 years?                                                                                                                                                                                                                                    | ☐ Yes.                    | District                            | None                                                                          | When                                                            | Case Number                                                                                                                                                                                                                                              |   |
|     |                                                                                                                                                                                                                                                  |                           | District                            | None                                                                          | When                                                            | Case Number                                                                                                                                                                                                                                              |   |
|     |                                                                                                                                                                                                                                                  |                           |                                     |                                                                               |                                                                 | MM / DD / YYYY                                                                                                                                                                                                                                           |   |
|     |                                                                                                                                                                                                                                                  |                           | District                            |                                                                               | When                                                            | Case Number                                                                                                                                                                                                                                              |   |
|     |                                                                                                                                                                                                                                                  |                           |                                     |                                                                               |                                                                 | MM / DD / YYYY                                                                                                                                                                                                                                           |   |
| 10. | Are any bankruptcy<br>cases pending or being                                                                                                                                                                                                     | ■ No                      |                                     |                                                                               |                                                                 |                                                                                                                                                                                                                                                          |   |
|     | filed by a spouse who is                                                                                                                                                                                                                         | ☐ Yes.                    |                                     |                                                                               |                                                                 | Relationship to you                                                                                                                                                                                                                                      |   |
|     | not filing this case with you, or by a business parter, or by affiliate?                                                                                                                                                                         |                           | District                            |                                                                               | When                                                            | Case Number, if known                                                                                                                                                                                                                                    |   |
|     |                                                                                                                                                                                                                                                  |                           |                                     |                                                                               |                                                                 | Relationship to you                                                                                                                                                                                                                                      |   |
|     |                                                                                                                                                                                                                                                  |                           | District                            |                                                                               | When                                                            | Case Number, if known                                                                                                                                                                                                                                    |   |
|     |                                                                                                                                                                                                                                                  |                           |                                     |                                                                               |                                                                 |                                                                                                                                                                                                                                                          | _ |
| 11. | Do you rent your residence?                                                                                                                                                                                                                      | ☐ No.<br>■ Yes.           | Go to li<br>Has yo                  |                                                                               | I an eviction judgme                                            | nt against you?                                                                                                                                                                                                                                          |   |
|     |                                                                                                                                                                                                                                                  |                           | ΠY                                  | lo. Go to line 12.<br>es. Fill out <i>Initial St</i> anis bankruptcy petition |                                                                 | viction Judgment Against You (Form 101A) and file it with                                                                                                                                                                                                |   |

| Debtor | Case 18-802                                                                                                                                                                                                                                                                                                          | 61 Doc :                                                | 1 Filed 02/08/18<br>Document<br>Sundberg                                                                                                                                                           | Entered 02/08/18 13:59:48<br>Page 4 of 59<br>Case Number (if known) _                                                                                                           | 3 Desc Main                                                           |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Part   |                                                                                                                                                                                                                                                                                                                      |                                                         |                                                                                                                                                                                                    |                                                                                                                                                                                 |                                                                       |
|        | Are you a sole proprietor of any full- or part-time business?  A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnerhsip, or LLC.  If you have more than one sole proprietorship, use a separate sheed and attach it to this petition. | Yes.                                                    | Go to Part 4.  Name and location of busines  Name of business, if any  Number Street                                                                                                               | s                                                                                                                                                                               |                                                                       |
|        |                                                                                                                                                                                                                                                                                                                      |                                                         | ☐ Single Asset Real Estate                                                                                                                                                                         | e (as defined in 11 U.S.C. § 101(27A))                                                                                                                                          | ie Zip Code                                                           |
|        | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and<br>are you a <i>small business</i><br>debtor?<br>For a definition of <i>small</i><br>business debtor, see<br>11 U.S.C. § 101(51D).                                                                                                                  | appropriate balance shi documents  No. I a  No. I a  th | deadlines. If you indicate that<br>eet, statement of operations, of<br>do not exist, follow the proced<br>am not filing under Chapter 11.<br>Im filing under Chapter 11, but<br>e Bankruptcy Code. | art must know whether you are a small business to you are a small business debtor, you must atta ash-flow statement, and federal income tax retulure in 11 U.S.C. § 1116(1)(B). | och your most recent<br>arn or if any of these<br>o the definition in |
|        | Do you own or have any property that poses or is alleged to pose a threat of imminent and indentifiable hazard to public health or safety?                                                                                                                                                                           | No.                                                     | us Property or Any Property Th  That is the hazard?                                                                                                                                                | at Needs Immediate Attention                                                                                                                                                    |                                                                       |

Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| What is the hazard?       |             |               |           |          |
|---------------------------|-------------|---------------|-----------|----------|
| If immediate attention is | needed, why | is it needed? |           |          |
| Where is the property?    | Number      | Street        |           |          |
|                           | City        |               | <br>State | ZIP Code |

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Debtor 1

Jasen Robert Document

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Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing abou |
|----------------------------------------------|
| crodit counceling because of:                |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. approved You must file a certificate from the agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing abou | ιt |
|----------------------------------------------|----|
| credit counseling because of:                |    |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Jasen Robert Debtor 1

Document Sundberg

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| Pa  | 71 6: Answer These Questions                                                                                                                                                                           | for Reporting Purposes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                             |                                                                                                                                                                       |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16. | What kind of debts do you have?                                                                                                                                                                        | as "incurred by an individual particle."  No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily money for a business or investing the second seco | consumer debts? Consumer debts are deleprimarily for a personal, family, or household publishess debts? Business debts are debts stment or through the operation of the business debts are debts are debts. | s that you incurred to obtain                                                                                                                                         |
| 17. | Are you filing under Chapter 7?  Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | apter 7. Go to line 18. er 7. Do you estimate that after any exempt p s are paid that funds will be available to distrib                                                                                    | • •                                                                                                                                                                   |
| 18. | How many creditors do you estimate that you owe?                                                                                                                                                       | ■ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000                                                                                                                                                          | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000                                                                                                            |
| 19. | How much do you estimate your assets to be worth?                                                                                                                                                      | ■ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million                                                                                                   | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion                                                          |
| 20. | How much do you<br>estimate your liabilities<br>to be?                                                                                                                                                 | □ \$0-\$50,000 ■ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million                                                                                                   | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  More than \$50 billion                                                          |
| Pa  | rt 7: Sign Below                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |                                                                                                                                                                       |
| For | you                                                                                                                                                                                                    | correct.  If I have chosen to file under Chapt of title 11, United States Code. I un under Chapter 7.  If no attorney represents me and I of this document, I have obtained and I request relief in accordance with the I understand making a false statem.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                             | e, under Chapter 7, 11,12, or 13 ter, and I choose to proceed  oot an attorney to help me fill out b).  ecified in this petition.  or property by fraud in connection |
|     |                                                                                                                                                                                                        | Signature of Debtor 1  Executed on 02/07/2018  MM / DD /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Signat                                                                                                                                                                                                      | tted on                                                                                                                                                               |

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| Debtor 1 | Jasen      | Robert                  | Document<br>Sundberg         | Page 7 of 59  Case Number (if known)                                      |
|----------|------------|-------------------------|------------------------------|---------------------------------------------------------------------------|
|          | First Name | Middle Name             | Last Name                    |                                                                           |
|          |            | I, the attorney for the | ne debtor(s) named in this p | petition, declare that I have informed the debtor(s) about eligibility to |

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| Signature of Attorney for Debtor         | Date MM / DD / YYYY |
|------------------------------------------|---------------------|
| Jason Kyle Nielson                       |                     |
| Printed name                             |                     |
| Geraci Law L.L.C.                        |                     |
| Firm name                                |                     |
| 55 E. Monroe St., #3400                  |                     |
| Number Street                            |                     |
|                                          |                     |
|                                          |                     |
| Chicago                                  | IL 60603            |
|                                          | IL   60603          |
| Chicago City  Contact Phone 312-332-1800 |                     |
| City 242 222 4800                        | State ZIP Code      |
| City 242 222 4800                        | State ZIP Code      |

| Debtor 1           | Jasen                  | Robert                           | Sundberg                     |  |
|--------------------|------------------------|----------------------------------|------------------------------|--|
|                    | First Name             | Middle Name                      | Last Name                    |  |
| Debtor 2           | Jennifer               | L                                | Sundberg                     |  |
| Spouse, if filing) | First Name             | Middle Name                      | Last Name                    |  |
| Jnited States      | Bankruptcy Court for t | the : <u>NORTHERN</u> District o | f <u>ILLINOIS</u><br>(State) |  |
| ase Number         |                        |                                  |                              |  |

| Check if this is an |
|---------------------|
| amended filing      |

## Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1: Summarize Your Assets                                                                                                                                                                                              |                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
|                                                                                                                                                                                                                            | <b>Your assets</b> Value of what you own |
| Schedule A/B: Property (Official Form 106A/B)     1a. Copy line 55, Total real estate, from Schedule A/B                                                                                                                   | \$ 0                                     |
| 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                                               | \$ 9,435                                 |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i>                                                                                                                                                             | \$ 9,435                                 |
| Part 2: Summarize Your Liabilities                                                                                                                                                                                         |                                          |
|                                                                                                                                                                                                                            | Your liabilities Amount you owe          |
| <ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)</li> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li> </ol> | <u>\$0</u>                               |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                                | \$3,800                                  |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                                          | \$78,347                                 |
|                                                                                                                                                                                                                            |                                          |
| Part 3: Summarize Your Liabilities                                                                                                                                                                                         |                                          |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                                               | \$2,093.37                               |
| Schedule J: Your Expenses (Official Form 106J)     Copy your monthly expenses from line 22c of Schedule J                                                                                                                  | \$2,775.00                               |

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Document Sundberg Robert Jasen Case Number (if known) \_\_ Debtor 1 First Name Middle Name Last Name

| Answer These Questions for Administrative and Statistical Records                                                                                                                                                                                                                                                                                                                                                              |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 6. Are you filling for bankruptcy under Chapter 7, 11 or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the Yes                                                                                                                                                                                                                                                          | ne court with your other schedules. |
| <ul> <li>7. What kind of debt do you have?</li> <li>Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.</li> <li>Your debts are not primarily consumer debts. You have nothing to report on this part of the form this form to the court with your other schedules.</li> </ul> | .S.C. § 159.                        |
| 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.                                                                                                                                                                                                                                                         | Official \$ 4,939.53                |
| 9. Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :  From Part 4 of Schedule E/F, copy the following:                                                                                                                                                                                                                                                                              | Total claim                         |
| 9a. Domestic support obligations (Copy line 6a.)                                                                                                                                                                                                                                                                                                                                                                               | \$ <u>0.00</u>                      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                                                                                                                                                                                                                                                                                                                      | \$ <u>3,800.00</u>                  |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                                                                                                                                                                                                                                                                                                                            | \$_0.00                             |
| 9d. Student loans. (Copy line 6f.)                                                                                                                                                                                                                                                                                                                                                                                             | \$ 55,375.00                        |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)                                                                                                                                                                                                                                                                                                   | \$ <u>0.00</u>                      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                                                                                                                                                                                                                                                                                                                         | \$ 0.00                             |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                                                                                                                                                                                                                                                                                                                     | \$_59,175.00                        |

| Fill in this inf                | ormation to identify you                                                      |                                          |                                                                                                                                               | Entered 02/08/1<br>0 of 59    | 8 13:59:48                       | Desc I         | Main          |             |
|---------------------------------|-------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------|----------------|---------------|-------------|
|                                 | Jasen                                                                         | Robert                                   | Sundberg                                                                                                                                      |                               |                                  |                |               |             |
| Debtor 1                        | First Name                                                                    | Middle Name                              | Last Name                                                                                                                                     |                               |                                  |                |               |             |
| Debtor 2                        | Jennifer                                                                      | L                                        | Sundberg                                                                                                                                      |                               |                                  |                |               |             |
| (Spouse, if filing)             | First Name                                                                    | Middle Name                              | Last Name                                                                                                                                     |                               |                                  |                |               |             |
| United States I                 | Bankruptcy Court for the :                                                    | NORTHERN District                        |                                                                                                                                               |                               |                                  |                |               |             |
| Case Number                     |                                                                               |                                          | (State)                                                                                                                                       |                               |                                  |                | heck if this  | is an       |
| (If known)                      | 4004/7                                                                        |                                          |                                                                                                                                               |                               |                                  | а              | mended filir  | ng          |
|                                 | orm 106A/B                                                                    | _                                        |                                                                                                                                               |                               |                                  |                |               |             |
|                                 | e A/B: Proper                                                                 |                                          | asset only once. If an asset                                                                                                                  |                               |                                  |                |               | 12/15       |
| esponsible for sages, write you | supplying correct inform<br>ir name and case numbe<br>escribe Each Residence, | nation. If more spacer (if known). Answe | ccurate as possible. If two manager is needed, attach a separater every question.  The Real Esate You Own or Hamany residence, building, land | te sheet to this form. On the |                                  | =              |               |             |
| No. Yes.  Add the doll          | Describe ar value of the portion y                                            | ou own for all of yo                     | ur entries fro Part 1, includin                                                                                                               | ng any entries for pages      |                                  |                |               |             |
| you have att                    | ached for Part 1. Write                                                       | that number here                         |                                                                                                                                               |                               | >                                |                |               | \$0.00      |
| Part 2:                         | escribe Your Vehicles                                                         |                                          |                                                                                                                                               |                               |                                  |                |               |             |
|                                 | trucks, tractors, sport u                                                     |                                          | o report it on Schedule G: Ex<br>orcycles                                                                                                     |                               |                                  |                |               |             |
|                                 | ake:                                                                          | Dodge                                    | Who has an interest in the                                                                                                                    | property? Check one.          | Do not deduct s                  |                |               |             |
| М                               | odel:                                                                         | Stratus                                  | Debtor 1 only  Debtor 2 only                                                                                                                  |                               | Creditors Who                    | •              |               |             |
| Y                               | ear:                                                                          | 2004                                     | Debtor 1 and Debtor 2 onl                                                                                                                     | lv                            | Current value                    |                | Current valu  |             |
| A                               | pproximate Mileage:                                                           | 78,000                                   | At least one of the debtors                                                                                                                   | •                             | entire propert                   | y?             | portion you   | own?        |
| 0                               | ther information:                                                             |                                          |                                                                                                                                               |                               | \$                               | 1,000.00       | \$            | 1,000.00    |
| I                               | 004 Dodge Stratus with c<br>niles.                                            | over 78,000                              | Check if this is communications)                                                                                                              | unity property (see           |                                  |                |               |             |
| М                               | ake:                                                                          | Jeep                                     | Who has an interest in the                                                                                                                    | property? Check one.          | Do not deduct s                  | secured claims | or exemptions | s. Put      |
| М                               | odel:                                                                         | Grand Cherokee                           | Debtor 1 only                                                                                                                                 |                               | the amount of a<br>Creditors Who | •              |               |             |
| Y                               | ear:                                                                          | 2003                                     | Debtor 2 only                                                                                                                                 | L.                            | Current value                    | of the         | Current valu  | ue of the   |
| A                               | pproximate Mileage:                                                           | 180,000                                  | Debtor 1 and Debtor 2 onl  At least one of the debtors                                                                                        |                               | entire propert                   | y?             | portion you   | own?        |
| 0                               | ther information:                                                             |                                          | The reactions of the design                                                                                                                   | and unotifer                  | \$                               | 3,000.00       | \$            | 1,500.00    |
|                                 | 003 Jeep Grand Cheroke<br>80,000 miles.                                       | ee with over                             | Check if this is communinstructions)                                                                                                          | unity property (see           |                                  |                |               |             |
| Examples: I No.                 | Boats, trailers, motors, perso  Describe ar value of the portion year         | nal watercraft, fishing v                | reational vehicles, other vehicles, snowmobiles, motorcycle ur entries fro Part 2, includin                                                   | accessories                   |                                  |                |               | \$ 2,500.00 |

Debtor 1

Jasen

No.

Yes.

Describe.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here ----

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Desc Main

0.00

\$2,750.00

First Name **Describe Your Personal and Household Items** Part 3: Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims 06. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No. Describe..... Furniture, linens, small appliances, table & chairs, bedroom set \$1,000 1,000.00 07. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No. Yes. Describe..... Flat screen TV, computer, printer, music collection, cell phone \$1,000 1,000.00 08. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No. Yes. Describe..... 0.00 09. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No. Describe..... 0.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No. Describe..... Yes. 0.00 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No. es Describe..... Necessary wearing apparel \$200 200.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No. Describe..... Rings, watches, costume jewelry \$50 Wedding & Engagement Rings \$500 550.00 13. Non-farm animals Examples: Dogs, cats, birds, horses No. Describe..... (2) pet dogs, (2) pet cats 0.00 14. Any other personal and household items you did not already list, including any health aids you did not list

Debtor 1

Jasen

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Last Name

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Desc Main

First Name

Middle Name

| ,   | art 4:           | Describe Your F                             | inancial Assets                                          |                                                                                                                           |                                                                                   |
|-----|------------------|---------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Do  | you own          | or have any lega                            | al or equitable interest in a                            | ny of the following?                                                                                                      | Current value of the portion you own?  Do not deduct secured claims or exemptions |
| 16. | Examples No.     |                                             | in your wallet, in your home, in                         | a safe deposit box, and on hand when you file your petition                                                               |                                                                                   |
|     |                  |                                             |                                                          |                                                                                                                           | \$0.00                                                                            |
| 17. | Examples         |                                             |                                                          | ertificates of deposit; shares in credit unions, brokerage houses, with the same institution, list each.                  |                                                                                   |
|     | Yes              | 5. Describe                                 | Account Type: Checking Account                           | Institution name:  Woodforest Bank                                                                                        | <b>s</b> 10.00                                                                    |
|     |                  |                                             | Checking Account                                         | Chase Bank                                                                                                                | \$                                                                                |
|     |                  |                                             | Checking Account                                         | Chase Bank                                                                                                                | \$ 600.00                                                                         |
|     |                  |                                             |                                                          | <u></u>                                                                                                                   | \$ 685.00                                                                         |
| 18. | -                |                                             | publicly traded stocks<br>stment accounts with brokerage | firms, money market accounts                                                                                              | <u> </u>                                                                          |
|     | Yes              | s. Describe                                 | Institution or issuer name:                              |                                                                                                                           |                                                                                   |
| 19. | Non-pub          | licly traded stoc                           | k and interests in incorpor                              | ated and unincorporated businesses, including an interest in                                                              | \$0.00                                                                            |
|     | Yes              | . Describe                                  | Name of Entity and Perce                                 | ent of Ownership:                                                                                                         | \$0.00                                                                            |
| 20. | Negotiabl        | le instruments inclu                        | de personal checks, cashiers' c                          | able and non-negotiable instruments thecks, promissory notes, and money orders. to someone by signing or delivering them. |                                                                                   |
|     | Yes              | Describe                                    | Issuer name:                                             |                                                                                                                           | \$0.00                                                                            |
| 21. |                  | ent or pension ac<br>s: Interests in IRA, I |                                                          | hrift savings accounts, or other pension or profit-sharing plans                                                          |                                                                                   |
|     | Yes              | s. Describe                                 | Type of account and Instit                               | tution name:                                                                                                              | \$0.00                                                                            |
| 22. | Security         | deposits and pro                            | epayments                                                |                                                                                                                           |                                                                                   |
|     |                  |                                             |                                                          | ou may continue service or use from a company tilities (electric, gas, water), telecommunications                         |                                                                                   |
|     | Yes              | s. Describe                                 | Institution name or individ                              | ual:                                                                                                                      | \$0.00                                                                            |
| 23. | Annuities<br>No. | s (A contract for                           | a periodic payment of mor                                | ney to you, either for life or for a number of years)                                                                     |                                                                                   |
|     | Yes              | s. Describe                                 | Issuer name and descript                                 | ion:                                                                                                                      | \$0.00                                                                            |
| 24. |                  | in an education<br>:. §§ 530(b)(1), 529/    | -                                                        | alified ABLE program, or under a qualified state tuition program.                                                         |                                                                                   |
|     | Yes              | s. Describe                                 | Institution name and desc                                | ription. Separately file the records of any interests.11 U.S.C. § 521(c):                                                 | \$0.00                                                                            |
| 25. | Trusts, e        | quitable or futur                           | e interests in property (oth                             | ner than anything listed in line 1), and rights or powers                                                                 |                                                                                   |
|     | Yes              |                                             |                                                          |                                                                                                                           | \$0.00                                                                            |
| 26. |                  |                                             |                                                          | other intellectual property royalties and licensing agreements                                                            |                                                                                   |
|     | Yes              | s. Describe                                 |                                                          |                                                                                                                           | \$0.00                                                                            |

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Last Name

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| 27. | -             |                     | other general intangibles                                                                                                                       |                                                                                   |    |
|-----|---------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----|
|     | No.           | Building permits, e | cclusive licenses, cooperative association holdings, liquor licenses, professional licenses                                                     |                                                                                   |    |
|     | Yes.          | Describe            |                                                                                                                                                 |                                                                                   |    |
|     |               |                     |                                                                                                                                                 | \$0.0                                                                             | 0  |
| Мо  | ney or prop   | erty owed to you    | 1?                                                                                                                                              | Current value of the portion you own? Do not deduct secured claims or exemptions  |    |
| 28. | Tax refund    | s owed to you       |                                                                                                                                                 |                                                                                   |    |
|     | No.           |                     |                                                                                                                                                 |                                                                                   |    |
|     | Yes.          | Describe            | Anticipated 2017 federal and state income tax refunds \$2,000                                                                                   | \$ 2,000.0                                                                        | 0  |
| 29. | Family sup    | port                |                                                                                                                                                 | Ψ                                                                                 | ,- |
|     |               | Past due or lump s  | um alimony, spousal support, child support, maintenance, divorce settlement, property settlement                                                |                                                                                   |    |
|     | No. Yes.      | Describe            |                                                                                                                                                 | \$ 0.0                                                                            | 0  |
| 30. | Other amo     | unts someone o      | wes you                                                                                                                                         | Ψ                                                                                 |    |
|     |               |                     | ability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, d loans you made to someone else                |                                                                                   |    |
|     | Yes.          | Describe            |                                                                                                                                                 |                                                                                   | _  |
| 31. | Interest in   | insurance polic     | es                                                                                                                                              | \$0.0                                                                             | .0 |
|     |               | -                   | r life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance                                                      |                                                                                   |    |
|     | No.           |                     | Company Name & Beneficiary:                                                                                                                     |                                                                                   |    |
|     | Yes.          | Describe            | Term life insurance - No cash surrender value                                                                                                   | \$0.0                                                                             | 0  |
| 32. | If you are th |                     | at is due you from someone who has died iving trust, expect proceeds from a life insurance policy, or are currently entitled to receive s died. |                                                                                   |    |
|     | No.           |                     |                                                                                                                                                 |                                                                                   |    |
|     | Yes.          | Describe            |                                                                                                                                                 | \$ 0.0                                                                            | 0  |
| 33. | _             | -                   | s, whether or not you have filed a lawsuit or made a demand for payment nent disputes, insurance claims, or rights to sue                       | ·                                                                                 | •  |
|     |               | Describe            |                                                                                                                                                 |                                                                                   |    |
| 24  | Other cent    | ingent and unlic    | uidated claims of every nature, including counterclaims of the debtor and rights                                                                | \$0.0                                                                             | 0  |
| J4. | No.           | ingent and anni     | undated claims of every nature, including counterclaims of the debtor and rights                                                                |                                                                                   |    |
|     | Yes.          | Describe            |                                                                                                                                                 |                                                                                   | _  |
| 35. | Any financ    | ial assets you d    | id not already list                                                                                                                             | \$0.0                                                                             | U  |
|     | No.           |                     |                                                                                                                                                 |                                                                                   |    |
|     | Yes.          | Describe            |                                                                                                                                                 | \$0.0                                                                             | 0  |
| 36. | Add the do    | llar value of all   | of your entries from Part 4, including any entries for pages you have attached                                                                  |                                                                                   | _  |
|     | for Part 4. V | Vrite that numbe    | r here>                                                                                                                                         | \$2,685.0                                                                         | 0  |
|     |               | leccribe Any Duc    | ness-Related Property You Own or Have an Interest In. List any real estate in Part 1.                                                           |                                                                                   |    |
|     |               |                     | gal or equitable interest in any business-related property?                                                                                     |                                                                                   | _  |
| ٠,٠ | No.           | or have any le      | ga. 2. 2                                                                                                                                        |                                                                                   |    |
|     | Yes.          |                     |                                                                                                                                                 | Commont value of the                                                              |    |
|     |               |                     |                                                                                                                                                 | Current value of the portion you own?  Do not deduct secured claims or exemptions |    |
|     |               |                     |                                                                                                                                                 | or exemptions                                                                     |    |

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First Name Middle Name

Desc Main

| 38. | Accounts No.     | receivable or co     | mmissions you already earned                                                                                                  |       |              |
|-----|------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------|-------|--------------|
|     | Yes.             | Describe             |                                                                                                                               |       | 0.00         |
| 39. | Office eau       | ipment. furnishi     | ngs, and supplies                                                                                                             | J     | <br><u> </u> |
|     | -                | -                    | omputers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices              |       |              |
|     | Yes.             | Describe             |                                                                                                                               | s     | 0.00         |
| 40. | Machinery        | , fixtures, equip    | nent, supplies you use in business, and tools of your trade                                                                   |       |              |
|     | No.              |                      |                                                                                                                               |       |              |
|     | Yes.             | Describe             |                                                                                                                               | 1     |              |
|     |                  |                      |                                                                                                                               | _ \$_ | <br>0.00     |
| 41. | Inventory<br>No. |                      |                                                                                                                               |       |              |
|     | Yes.             | Describe             |                                                                                                                               | 1     |              |
|     |                  | Describe             |                                                                                                                               | \$_   | <br>0.00     |
| 42. | Interests in     | n partnerships o     | r joint ventures                                                                                                              | -     |              |
|     | No.              |                      | Name of Entity and Percent of Ownership:                                                                                      | _     |              |
|     | Yes.             | Describe             |                                                                                                                               |       | 0.00         |
| 43  | Customer         | lists mailing list   | s, or other compilations                                                                                                      | _ \$_ | <br>0.00     |
| ٠٠. | No.              | noto, maning no      | s, or other compliations                                                                                                      |       |              |
|     | Yes.             | Describe             |                                                                                                                               |       | 0.00         |
| 44. | Any busin        | ess-related prop     | erty you did not already list                                                                                                 | J     | <br><u> </u> |
|     | No.              |                      | ••                                                                                                                            |       |              |
|     | Yes.             | Describe             |                                                                                                                               | 1     |              |
|     |                  |                      |                                                                                                                               | \$_   | <br>0.00     |
| 45  | Add the do       | illar value of all o | of your entries from Part 5, including any entries for pages you have attached                                                |       |              |
|     |                  |                      | er here>                                                                                                                      |       | \$ 0.00      |
|     |                  |                      |                                                                                                                               |       |              |
|     | GIL C OI         |                      | m- and Commercial Fishing-Related Property You Own or Have an Interest In.                                                    |       |              |
| 16  |                  |                      | ve an interest in farmland, list it in Part 1. gal or equitable interest in any farm- or commercial fishing-related property? |       |              |
| 70. | No.              | ii oi iiave aliy ie  | gar or equitable interest in any farm- or commercial history-related property:                                                |       |              |
|     | Yes.             | Describe             |                                                                                                                               |       |              |
|     |                  |                      |                                                                                                                               | \$_   | <br>0.00     |
| 47. | Farm anim        |                      |                                                                                                                               |       |              |
|     | No.              | Livestock, poultry,  | arm-raised fish                                                                                                               |       |              |
|     | Yes.             | Describe             |                                                                                                                               | 1     |              |
|     | 1 es.            | Describe             |                                                                                                                               | \$_   | 0.00         |
| 48. | Crops—eit        | ther growing or I    | narvested                                                                                                                     |       |              |
|     | No.              |                      |                                                                                                                               |       |              |
|     | Yes.             | Describe             |                                                                                                                               |       |              |
| 40  | Form and         | fichina cauinmo      | nt, implements, machinery, fixtures, and tools of trade                                                                       | _ \$_ | <br>0.00     |
| 43. | No.              | nsning equipme       | in, implements, machinery, fixtures, and tools of trade                                                                       |       |              |
|     | Yes.             | Describe             |                                                                                                                               | 1     |              |
|     |                  |                      |                                                                                                                               | \$_   | 0.00         |
| 50. | Farm and         | fishing supplies,    | chemicals, and feed                                                                                                           | _     |              |
|     | No.              |                      |                                                                                                                               | 7     |              |
|     | Yes.             | Describe             |                                                                                                                               |       | 0.00         |
|     |                  |                      |                                                                                                                               | \$    | 0.00         |

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| 51. Any farm- and commercial fishing-related property you did not already list No.                                         |             |             |
|----------------------------------------------------------------------------------------------------------------------------|-------------|-------------|
| Yes. Describe                                                                                                              |             | \$0.00      |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for Part 6. Write that number here      |             | \$0.00      |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not                                              | List Above  |             |
| 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. |             |             |
| Yes. Describe                                                                                                              |             | \$0.00      |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here                                        | e>          | \$0.00      |
| Part 8: List the Totals of Each Part of this Form                                                                          |             |             |
| 55. Part 1: Total real estate, line 2                                                                                      |             | \$ 0.00     |
| 56. Part 2: Total vehicles, line 5                                                                                         | \$ 2,500.00 |             |
| 57. Part 3: Total personal and household items, line 15                                                                    | \$ 2,750.00 |             |
| 58. Part 4: Total financial assets, line 36                                                                                | \$ 2,685.00 |             |
| 59. Part 5: Total business-related property, line 45                                                                       | \$ 0.00     |             |
| 60. Part 6: Total farm- and fishing-related property, line 52                                                              | \$ 0.00     |             |
| 61. Part 7: Total other property not listed, line 54                                                                       | \$ 0.00     |             |
| 62. <b>Total personal property.</b> Add lines 56 through 61                                                                | \$ 7,935.00 | \$ 7,935.00 |
|                                                                                                                            |             |             |
| 63. <b>Total of all property on Schedule A/B.</b> Add line 55 + line 62                                                    |             | \$7,935.00  |

Official Form 106A/B Record # 753794 Schedule A/B: Property Page 6 of 6

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| Fill in this in     | formation to identi    | fy your case:                    |                      |
|---------------------|------------------------|----------------------------------|----------------------|
| Debtor 1            | Jasen                  | Robert                           | Sundberg             |
|                     | First Name             | Middle Name                      | Last Name            |
| Debtor 2            | Jennifer               | L                                | Sundberg             |
| (Spouse, if filing) | First Name             | Middle Name                      | Last Name            |
| United States       | Bankruptcy Court for t | he : <u>NORTHERN</u> District of | _ILLINOIS<br>(State) |
| Case Number         | r                      |                                  |                      |
| (If known)          |                        |                                  |                      |

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

|                            | fy the Property You Claim as Exempt                                                         |                                      |                                                                 |                                                |  |  |  |  |
|----------------------------|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------|------------------------------------------------|--|--|--|--|
| 1. Which set of ex         | emptions are you claiming? Check                                                            | one only, even if your spo           | ouse is filing with you.                                        |                                                |  |  |  |  |
| You are clai               | ming state and federal nonbankrupto                                                         | cy exemptions . 11 U.S.C.            | § 522(b)(3)                                                     |                                                |  |  |  |  |
| You are clai               | ming federal exemptions. 11 U.S.C.                                                          | § 522(b)(2)                          |                                                                 |                                                |  |  |  |  |
|                            |                                                                                             |                                      |                                                                 |                                                |  |  |  |  |
| 2. For any propert         | ty you list on <i>Schedule A/B</i> that you                                                 | u claim as exempt, fill in t         | the information below.                                          |                                                |  |  |  |  |
|                            | on of the property and line on that lists this property                                     | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption             |  |  |  |  |
|                            |                                                                                             | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                                |  |  |  |  |
| Brief description:         | 2004 Dodge Stratus with over 78,000 miles.                                                  | \$1,000                              | \$ _ 2,400                                                      | 735 ILCS 5/12-1001(c)                          |  |  |  |  |
| Line from<br>Schedule A/B: | 03                                                                                          |                                      | 100% of fair market value, up to any applicable statutory limit |                                                |  |  |  |  |
| Brief<br>description:      | 2003 Jeep Grand Cherokee with over 180,000 miles.                                           | \$ 1,500                             | \$ 3,000                                                        | 735 ILCS 5/12-1001(c)<br>735 ILCS 5/12-1001(b) |  |  |  |  |
| Line from<br>Schedule A/B: | 03                                                                                          | ,                                    | 100% of fair market value, up to any applicable statutory limit | 735 ILCS 3/12-1001(b)                          |  |  |  |  |
| Brief<br>description:      | Furniture, linens, small appliances, table & chairs, bedroom set                            | \$_1,000                             | \$ 1,000                                                        | 735 ILCS 5/12-1001(b)                          |  |  |  |  |
| Line from Schedule A/B:    | 06                                                                                          |                                      | 100% of fair market value, up to any applicable statutory limit |                                                |  |  |  |  |
| Brief<br>description:      | Flat screen TV, computer, printer, music collection, cell phone                             | \$_1,000                             | \$ _ 1,000                                                      | 735 ILCS 5/12-1001(b)                          |  |  |  |  |
| Line from Schedule A/B:    | <u>07</u>                                                                                   |                                      | 100% of fair market value, up to any applicable statutory limit |                                                |  |  |  |  |
|                            |                                                                                             |                                      |                                                                 |                                                |  |  |  |  |
| Official Form 1060         | Official Form 106C Record # 753794 Schedule C: The Property You Claim as Exempt Page 1 of 2 |                                      |                                                                 |                                                |  |  |  |  |

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Page 17 of 59 Case Number (if known) Dosument Debtor 1 Jasen Robert Last Name Middle Name

| Part 24 Additional Page |                                                        |                                      |                                                                 |                                    |  |  |  |  |
|-------------------------|--------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------|------------------------------------|--|--|--|--|
| •                       | on of the property and line on hat lists this property | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |  |  |  |  |
|                         |                                                        | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                    |  |  |  |  |
| Brief<br>description:   | Necessary wearing apparel                              | \$_200                               | \$_200                                                          | 735 ILCS 5/12-1001(a),(e)          |  |  |  |  |
| Line from Schedule A/B: | <u>11</u>                                              |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
| Brief description:      | Rings, watches, costume jewelry                        | \$50                                 | \$ _ 50                                                         | 735 ILCS 5/12-1001(a),(e)          |  |  |  |  |
| Line from Schedule A/B: | 12                                                     |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
| Brief description:      | Wedding & Engagement Rings                             | \$_500                               | \$_500                                                          | 735 ILCS 5/12-1001(a),(e)          |  |  |  |  |
| Line from Schedule A/B: | 12                                                     |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
| Brief description:      | Checking Account, Woodforest<br>Bank, 10.00            | \$ <u>10</u>                         | \$_ 10                                                          | 735 ILCS 5/12-1001(b)              |  |  |  |  |
| Line from Schedule A/B: | <u>17</u>                                              |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
| Brief description:      | Checking Account, Chase Bank, 75.00                    | \$_ <sup>75</sup>                    | \$75                                                            | 735 ILCS 5/12-1001(b)              |  |  |  |  |
| Line from Schedule A/B: | <u>17</u>                                              |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
| Brief description:      | Checking Account, Chase Bank, 600.00                   | \$ <u>600</u>                        | \$_600                                                          | 735 ILCS 5/12-1001(b)              |  |  |  |  |
| Line from Schedule A/B: | <u>17</u>                                              |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
| Brief description:      | Anticipated 2017 federal and state income tax refunds  | \$_2,000                             | \$ _ 2,000                                                      | 735 ILCS 5/12-1001(b)              |  |  |  |  |
| Line from Schedule A/B: | 28                                                     |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
| 3. Are you claimin      | g a homestead exemption of more                        | than \$160,375?                      |                                                                 |                                    |  |  |  |  |
| (Subject to adjus       | stment on 4/01/19 and every 3 year                     | s after that for cases filed o       | n or after the date of adjustment .)                            |                                    |  |  |  |  |
| No.                     |                                                        |                                      |                                                                 |                                    |  |  |  |  |
| Yes. Did you            | acquire the property covered by the                    | e exemption within 1,215 o           | lays before you filed this case?                                |                                    |  |  |  |  |
| □No                     |                                                        |                                      |                                                                 |                                    |  |  |  |  |
| Yes.                    |                                                        |                                      |                                                                 |                                    |  |  |  |  |
|                         |                                                        |                                      |                                                                 |                                    |  |  |  |  |
|                         |                                                        |                                      |                                                                 |                                    |  |  |  |  |
|                         |                                                        |                                      |                                                                 |                                    |  |  |  |  |
|                         |                                                        |                                      |                                                                 |                                    |  |  |  |  |
|                         |                                                        |                                      |                                                                 |                                    |  |  |  |  |
|                         |                                                        |                                      |                                                                 |                                    |  |  |  |  |
| Official Form 1060      | 753794                                                 |                                      |                                                                 | Page 2 of 2                        |  |  |  |  |

| Fill in this in                                        | Caco 19<br>nformation to identi                                  |                                                                                                                                                                   | iilad 02/08/18                 | Entered 02/0<br>8 of 59 | 8/18 13:59:48                                                    | Desc Main                                              |                                   |
|--------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------|------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------|
| Debtor 1                                               | Jasen                                                            | Robert                                                                                                                                                            | Sundberg                       |                         |                                                                  |                                                        |                                   |
|                                                        | First Name                                                       | Middle Name                                                                                                                                                       | Last Name                      |                         |                                                                  |                                                        |                                   |
| Debtor 2                                               | Jennifer                                                         | L                                                                                                                                                                 | Sundberg                       |                         |                                                                  |                                                        |                                   |
| (Spouse, if filing)                                    | First Name                                                       | Middle Name                                                                                                                                                       | Last Name                      |                         |                                                                  |                                                        |                                   |
| United States  Case Numbe (If known)                   | , ,                                                              | he : <u>NORTHERN</u> District of <u>l</u> l                                                                                                                       | LLINOIS<br>(State)             |                         |                                                                  | Check if this                                          |                                   |
|                                                        | orm 106D  D: Creditor                                            | s Who Have Claim                                                                                                                                                  | s Secured by Pı                | roperty                 |                                                                  |                                                        | 12/15                             |
| information. If additional page  1. Do any cre  No. Cl | more space is need<br>es, write your name<br>editors have claims | ossible. If two married people led, copy the Additional Page, and case number (if known). secured by your property? bmit this form to the court with ation below. | fill it out, number the ent    | ries, and attach it to  | this form. On the top of a                                       | ny                                                     |                                   |
| Part 1:                                                | List All Secured Clai                                            | ms                                                                                                                                                                |                                |                         |                                                                  | _                                                      | _                                 |
| for each o                                             | laim. If more than o                                             | reditor has more than one secu<br>ne creditor has a particular clai<br>claims in alphabetical order acc                                                           | m, list the other creditors in | n Part 2.               | Column A  Amount of claim  Do not deduct the value of collateral | Column A  Value of collateral that supports this claim | Column C Unsecured portion If any |
|                                                        |                                                                  |                                                                                                                                                                   |                                |                         |                                                                  |                                                        |                                   |

| Ei          | ll in this i      | Caso 19 9                                        |                           | 2.1 Filad 02/08/18                                                         | Entered 02/0            |                   | 3:59:48             | Desc Main          |                    |
|-------------|-------------------|--------------------------------------------------|---------------------------|----------------------------------------------------------------------------|-------------------------|-------------------|---------------------|--------------------|--------------------|
|             |                   | mormation to identif                             | y your case.              |                                                                            | 9 of 59                 | 9                 |                     |                    |                    |
| De          | ebtor 1           | Jasen                                            | Robert                    | Sundberg                                                                   |                         |                   |                     |                    |                    |
|             |                   | First Name                                       | Middle Name               | Last Name                                                                  |                         |                   |                     |                    |                    |
| De          | ebtor 2           | Jennifer                                         | L                         | Sundberg                                                                   |                         |                   |                     |                    |                    |
| (Sp         | pouse, if filing) | First Name                                       | Middle Name               | Last Name                                                                  |                         |                   |                     |                    |                    |
| Uı          | nited States      | s Bankruptcy Court for th                        | ne : <u>NORTHERN</u> [    | District of <u>ILLINOIS</u>                                                |                         |                   |                     |                    |                    |
| C           | ase Numbe         | ar.                                              |                           | (State)                                                                    |                         |                   |                     | Check if           | this is an         |
|             | f known)          | 51                                               |                           |                                                                            |                         |                   |                     | amende             | d filing           |
| ∩ff         | icial F           | orm 106E/F                                       |                           |                                                                            |                         |                   |                     |                    | _                  |
| OII         | iciai i           | OIIII TOOL/I                                     | •                         |                                                                            |                         |                   |                     |                    | 40/4/              |
| <u>Scł</u>  | <u>redule</u>     | E/F: Credito                                     | rs Who Hav                | e Unsecured Claims                                                         |                         |                   |                     |                    | 12/1               |
|             |                   |                                                  |                           | or creditors with PRIORITY claims a                                        |                         |                   |                     |                    |                    |
|             |                   |                                                  |                           | xpired leases that could result in a c<br>G: Executory Contracts and Unexp |                         |                   |                     |                    |                    |
| credit      | tors with         | partially secured cla                            | ims that are listed i     | n Schedule D: Creditors Who Have                                           | Claims Secured by       | Property. If      | more space is       | •                  |                    |
|             |                   | the Part you need, fil<br>itional pages, write y |                           | entries in the boxes on the left. Atta                                     | ach the Continuation    | n Page to thi     | is page. On the     |                    |                    |
|             |                   | List All of Your PRIOR                           |                           | , ,                                                                        |                         |                   |                     |                    |                    |
| Pa          | art 1:            | LIST AIR OF TOUR FRIE                            | arr onscoured oldin       |                                                                            |                         |                   |                     |                    |                    |
| 1. <b>C</b> | o any cro         | editors have priority                            | unsecured claims a        | against you?                                                               |                         |                   |                     |                    |                    |
|             | No. G             | o to Part 2.                                     |                           |                                                                            |                         |                   |                     |                    |                    |
|             | Yes.              |                                                  |                           |                                                                            |                         |                   |                     |                    |                    |
| 2. L        | ist all of        | your priority unsecu                             | red claims. If a cred     | litor has more than one priority unsec                                     | cured claim, list the c | reditor separa    | ately for each clai | im. For            |                    |
| E           | each clain        | n listed, identify what                          | type of claim it is. If a | a claim has both priority and nonprior                                     | ity amounts, list that  | t claim here a    | nd show both price  | ority and          |                    |
| r           | nonpriority       | amounts. As much a                               | s possible, list the c    | laims in alphabetical order according                                      | to the creditor's nar   | ne. If you hav    | e more than two     | priority           |                    |
|             |                   |                                                  | ŭ                         | Part 1. If more than one creditor holds                                    | •                       | list the other of | creditors in Part 3 | l.                 |                    |
| (           | For an ex         | planation of each type                           | e of claim, see the in    | nstructions for this form in the instruct                                  | ion booklet.)           |                   | Total alaim         | Duionitu           | Nonneioritu        |
|             |                   |                                                  |                           |                                                                            |                         |                   | Total claim         | Priority<br>amount | Nonpriority amount |
| 2.1         | IRS Pr            | riority Debt                                     |                           | Last 4 digits of account number                                            |                         |                   | \$_1,000.00         | <b>\$</b> 1,000.00 | \$ <u>0.00</u>     |
|             | Creditor's        |                                                  |                           |                                                                            | 2015                    |                   |                     |                    |                    |
|             |                   | x 7346                                           |                           | When was the debt incurred?                                                | 2015                    |                   |                     |                    |                    |
|             | Number            | Street                                           |                           |                                                                            |                         |                   |                     |                    |                    |
|             |                   |                                                  |                           | As of the date you file, the claim is:                                     | : Check all that apply. |                   |                     |                    |                    |
|             | Philade           | alnhia                                           | PA 19101                  | Contingent                                                                 |                         |                   |                     |                    |                    |
|             | Philade<br>City   | Сіріпа                                           | State Zip Code            | Unliquidated                                                               |                         |                   |                     |                    |                    |
|             |                   | s the debt? Check one                            |                           | Disputed                                                                   |                         |                   |                     |                    |                    |
|             | Debtor            | r 1 only                                         |                           |                                                                            |                         |                   |                     |                    |                    |
|             | Debtor            | r 2 only                                         |                           | Type of PRIORITY unsecured claim                                           | 1:                      |                   |                     |                    |                    |
|             | Debtor            | r 1 and Debtor 2 only                            |                           | Domestic support obligations                                               |                         |                   |                     |                    |                    |
|             | =                 | st one of the debtors and                        | another                   | Taxes and certain other debts you                                          | owe the government      |                   |                     |                    |                    |
|             | =                 | k if this claim relates to                       |                           | _                                                                          | <u>.</u>                |                   |                     |                    |                    |
|             | _                 | nunity debt                                      | <del></del>               | Claims for death or personal injury                                        | while you were          |                   |                     |                    |                    |
|             | Is the cla        | im subject to offest?                            |                           | intoxicated                                                                |                         |                   |                     |                    |                    |
|             | No                |                                                  |                           | Other. Specify                                                             |                         |                   |                     |                    |                    |
|             | Yes               |                                                  |                           |                                                                            |                         |                   |                     |                    |                    |

| Debtor 1     | Case 18-80  Jasen  First Name  Your PRIORITY Unsecure                                     | Robert  Middle Name   | <b>Document</b> Last Name                                                              | B Entered 02/08/18<br>Page 20 of 59<br>Case Number (if |             | esc Main           | _               |
|--------------|-------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------|-------------|--------------------|-----------------|
| After listir | ng any entries on this page,                                                              | number them be        | eginning with 2.3, followed by 2                                                       | 2.4, and so forth.                                     | Total claim | Priority<br>amount | Nonpri<br>amoun |
| Cre P(       | RS Priority Debt editor's Name O Box 7346 umber Street                                    |                       | Last 4 digits of account numb  When was the debt incurred?                             |                                                        | \$ 2,800.00 | \$ <u>2,800.00</u> | \$ <u>0.00</u>  |
| Cit<br>Who   | ty Sta                                                                                    | 19101<br>ate Zip Code | As of the date you file, the cla Contingent Unliquidated Disputed                      | im is: Check all that apply.                           |             |                    |                 |
|              | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and an |                       | Type of PRIORITY unsecured  Domestic support obligations Taxes and certain other debts |                                                        |             |                    |                 |
| Is th        | Check if this claim relates to a community debt le claim subject to offest?               |                       | Claims for death or personal intoxicated  Other. Specify                               |                                                        |             |                    |                 |
|              | icole Korber                                                                              |                       | Last 4 digits of account numb                                                          | per                                                    | \$          | \$                 | \$ <u>0.00</u>  |

| Philadelphia PA 19101                              | Unliquidated                                                 |  |  |  |  |  |
|----------------------------------------------------|--------------------------------------------------------------|--|--|--|--|--|
| City State Zip Code                                | Disputed                                                     |  |  |  |  |  |
| Who owes the debt? Check one.                      | Disputed                                                     |  |  |  |  |  |
| Debtor 1 only                                      |                                                              |  |  |  |  |  |
| Debtor 2 only                                      | Type of PRIORITY unsecured claim:                            |  |  |  |  |  |
| Debtor 1 and Debtor 2 only                         | Domestic support obligations                                 |  |  |  |  |  |
| At least one of the debtors and another            | Taxes and certain other debts you owe the government         |  |  |  |  |  |
| Check if this claim relates to a                   |                                                              |  |  |  |  |  |
| community debt                                     | Claims for death or personal injury while you were           |  |  |  |  |  |
| Is the claim subject to offest?                    | intoxicated                                                  |  |  |  |  |  |
| No                                                 | Other. Specify                                               |  |  |  |  |  |
| Yes                                                |                                                              |  |  |  |  |  |
| 2.3 Nicole Korber                                  | Last 4 digits of account number                              |  |  |  |  |  |
| Creditor's Name                                    |                                                              |  |  |  |  |  |
| 6 Echo Hill                                        | When was the debt incurred?                                  |  |  |  |  |  |
| Number Street                                      |                                                              |  |  |  |  |  |
|                                                    | As of the date you file, the claim is: Check all that apply. |  |  |  |  |  |
|                                                    | Contingent                                                   |  |  |  |  |  |
| Oakwood Hills IL 60013                             | Unliquidated                                                 |  |  |  |  |  |
| City State Zip Code                                |                                                              |  |  |  |  |  |
| Who owes the debt? Check one.                      | Disputed                                                     |  |  |  |  |  |
| Debtor 1 only                                      |                                                              |  |  |  |  |  |
| Debtor 2 only                                      | Type of PRIORITY unsecured claim:                            |  |  |  |  |  |
| Debtor 1 and Debtor 2 only                         | Domestic support obligations                                 |  |  |  |  |  |
| At least one of the debtors and another            | Taxes and certain other debts you owe the government         |  |  |  |  |  |
| Check if this claim relates to a                   |                                                              |  |  |  |  |  |
| community debt                                     | Claims for death or personal injury while you were           |  |  |  |  |  |
| Is the claim subject to offest?                    | intoxicated                                                  |  |  |  |  |  |
| No                                                 | Other. Specify Child Support                                 |  |  |  |  |  |
| Yes                                                |                                                              |  |  |  |  |  |
| Part 2: List All of Your NONPRIORITY Unsecure      | d Claims                                                     |  |  |  |  |  |
| 3. Do any creditors have nonpriority unsecured cla | ims against you?                                             |  |  |  |  |  |
| ☐ No. You have nothing to report in this part. So  | ubmit this form to the court with your other schedules.      |  |  |  |  |  |
|                                                    | and the test to the seat that your outlook                   |  |  |  |  |  |
| Yes.                                               |                                                              |  |  |  |  |  |

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured

Total claim

claims fill out the Continuation Page of Part 2.

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| Debtor '      | 1 Jasen Robert                                     | Document P                             | Page 21 of 59                                        |                    |
|---------------|----------------------------------------------------|----------------------------------------|------------------------------------------------------|--------------------|
|               | First Name Middle Name                             | Last Name                              |                                                      |                    |
| 4.1           | AT T Mobility                                      | Last 4 digits of account number _      | 5349                                                 | <u>\$ 57.00</u>    |
|               | Creditor's Name                                    | When was the debt incurred?            | 2016-2017                                            |                    |
|               | 8014 Bayberry Rd  Number Street                    | When was the dept incurred?            |                                                      |                    |
|               | Number Street                                      |                                        |                                                      |                    |
|               |                                                    | As of the date you file, the claim is  | : Check all that apply.                              |                    |
|               | Jacksonville FL 32256                              | Contingent                             |                                                      |                    |
|               | City State Zip Code                                | Unliquidated                           |                                                      |                    |
| v             | Who owes the debt? Check one.                      | Disputed                               |                                                      |                    |
|               | Debtor 1 only                                      |                                        |                                                      |                    |
| [             | Debtor 2 only                                      | Type of NONPRIORITY unsecured          | claim:                                               |                    |
|               | Debtor 1 and Debtor 2 only                         | Student loans                          |                                                      |                    |
| [             | At least one of the debtors and another            | Obligations arising out of a separat   | tion agreement or divorce                            |                    |
|               | Check if this claim relates to a                   | that you did not report as priority cl | aims                                                 |                    |
| "             | community debt                                     | Debts to pension or profit-sharing p   | plans, and other similar debts                       |                    |
| l:            | s the claim subject to offest?                     | _                                      |                                                      |                    |
|               | No No                                              | Other. Specify Collecting for C        | <u> Creditor                                    </u> |                    |
| 4.0           | Yes<br>ATT Mobility                                | Last 4 digits of account number _      | 6394                                                 | <b>\$</b> 1,473.00 |
| 4.2           | Creditor's Name                                    | Last 4 digits of account number _      | <del></del>                                          | Ψ,                 |
|               | 10550 Deerwood Park Blvd                           | When was the debt incurred?            | 2017-2017                                            |                    |
|               | Number Street                                      |                                        |                                                      |                    |
|               |                                                    | As of the date you file, the claim is  | : Check all that apply                               |                    |
|               |                                                    | Contingent                             | To Shook all allac apply.                            |                    |
|               | Jacksonville FL 32256                              | Unliquidated                           |                                                      |                    |
| l .           | City State Zip Code                                | Disputed                               |                                                      |                    |
| \ \ \ \ \ \ \ | Who owes the debt? Check one.                      |                                        |                                                      |                    |
|               | Debtor 1 only                                      |                                        |                                                      |                    |
|               | Debtor 2 only                                      | Type of NONPRIORITY unsecured          | claim:                                               |                    |
|               | Debtor 1 and Debtor 2 only                         | Student loans                          | P                                                    |                    |
| L             | At least one of the debtors and another            | Obligations arising out of a separat   | -                                                    |                    |
| [             | Check if this claim relates to a community debt    | that you did not report as priority of |                                                      |                    |
| 1 1:          | s the claim subject to offest?                     | Debts to pension or profit-sharing p   | orans, and other similar debts                       |                    |
|               | No                                                 | Other. Specify Collecting for C        | Creditor                                             |                    |
|               | Yes                                                | Other. Specify                         |                                                      |                    |
| 4.3           | ATT U-Verse                                        | Last 4 digits of account number _      | 2690                                                 | \$ <u>198.00</u>   |
|               | Creditor's Name                                    |                                        | 2017 2017                                            |                    |
|               | 10550 Deerwood Park Blvd                           | When was the debt incurred?            | 2017-2017                                            |                    |
|               | Number Street                                      |                                        |                                                      |                    |
|               |                                                    | As of the date you file, the claim is  | : Check all that apply.                              |                    |
|               | laste we'll 51 00050                               | Contingent                             |                                                      |                    |
|               | Jacksonville FL 32256                              | Unliquidated                           |                                                      |                    |
| V             | City State Zip Code  Who owes the debt? Check one. | Disputed                               |                                                      |                    |
| [             | Debtor 1 only                                      | -                                      |                                                      |                    |
|               | Debtor 2 only                                      | Type of NONPRIORITY unsecured          | claim:                                               |                    |
|               | Debtor 1 and Debtor 2 only                         | Student loans                          |                                                      |                    |
|               | At least one of the debtors and another            | Obligations arising out of a separat   | tion agreement or divorce                            |                    |
|               | Check if this claim relates to a                   | that you did not report as priority cl |                                                      |                    |
| "             | community debt                                     | Debts to pension or profit-sharing p   |                                                      |                    |
| <u> </u>      | s the claim subject to offest?                     |                                        |                                                      |                    |
|               | No                                                 | Collecting for C                       | reditor                                              |                    |

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|----------|------------|---------------------------|----------------|-----------------|--------------------------------------|-------------|
| Debtor 1 | Jasen      | Robert                    |                | <b>Dacument</b> | Page 22 of 59 Case Number (if known) |             |
|          | First Name | Middle Name               |                | Last Name       |                                      |             |
| Part 2:  | Your       | NONPRIORITY Unsecured Cla | ims - Continua | tion Page       |                                      |             |

| After li                              | sting any entries on this page, number them be     | eginning with 4.4, followed by 4.5, ar  | nd so forth.                   | Total Claim      |
|---------------------------------------|----------------------------------------------------|-----------------------------------------|--------------------------------|------------------|
| 4.4                                   | Capital ONE BANK USA N.A.                          | Last 4 digits of account number _       | 8774                           | \$ <u>803.00</u> |
|                                       | Creditor's Name                                    |                                         | 2014-2015                      |                  |
|                                       | 120 Corporate Blvd Ste 1                           | When was the debt incurred?             | 2014 2010                      |                  |
|                                       | Number Street                                      |                                         |                                |                  |
|                                       |                                                    | As of the date you file, the claim is:  | : Check all that apply.        |                  |
|                                       |                                                    | Contingent                              |                                |                  |
|                                       | Norfolk VA 23502                                   | Unliquidated                            |                                |                  |
| v                                     | City State Zip Code  Who owes the debt? Check one. | Disputed                                |                                |                  |
| İ                                     | Debtor 1 only                                      | _                                       |                                |                  |
|                                       | Debtor 2 only                                      | Type of NONPRIORITY unsecured           | claim:                         |                  |
| 1                                     | Debtor 1 and Debtor 2 only                         | Student loans                           | ouini.                         |                  |
| }                                     | At least one of the debtors and another            | Obligations arising out of a separat    | ion agreement or divorce       |                  |
|                                       |                                                    | that you did not report as priority cla |                                |                  |
| "                                     | Check if this claim relates to a community debt    | Debts to pension or profit-sharing p    |                                |                  |
| l:                                    | s the claim subject to offest?                     | Debts to pension of profit-sharing p    | ians, and other similar debts  |                  |
|                                       | No                                                 | Other. Specify Unknown Cred             | it Extension                   |                  |
| <u> </u>                              | Yes                                                | Officer. Specify Officerown Oreco       |                                |                  |
| 4.5                                   | Carmax AUTO Finance                                | Last 4 digits of account number         | 1931                           | <b>\$</b> 838.00 |
|                                       | Creditor's Name                                    | _                                       | <del></del>                    |                  |
|                                       | 12800 Tuckahoe Creek Pkw                           | When was the debt incurred?             | 2005-10-29                     |                  |
|                                       | Number Street                                      |                                         |                                |                  |
|                                       |                                                    | As of the date you file, the claim is:  | : Check all that apply.        |                  |
|                                       |                                                    | Contingent                              |                                |                  |
|                                       | Richmond VA 23238                                  | Unliquidated                            |                                |                  |
|                                       | City State Zip Code                                |                                         |                                |                  |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Vho owes the debt? Check one.                      | Disputed                                |                                |                  |
|                                       | Debtor 1 only                                      |                                         |                                |                  |
|                                       | Debtor 2 only                                      | Type of NONPRIORITY unsecured           | claim:                         |                  |
|                                       | Debtor 1 and Debtor 2 only                         | Student loans                           |                                |                  |
| [                                     | At least one of the debtors and another            | Obligations arising out of a separat    | ion agreement or divorce       |                  |
|                                       | Check if this claim relates to a                   | that you did not report as priority cla |                                |                  |
| ١.                                    | community debt                                     | Debts to pension or profit-sharing p    | olans, and other similar debts |                  |
| !                                     | s the claim subject to offest?                     | _                                       |                                |                  |
|                                       | ■ No                                               | Other. Specify                          |                                |                  |
|                                       | Yes Charter Communications                         | Last 4 divide of account wombon         | 7856                           | <b>\$</b> 189.00 |
| 4.6                                   | Creditor's Name                                    | Last 4 digits of account number         | 1000                           | \$_100.00        |
|                                       | 4200 International Pkwy                            | When was the debt incurred?             | 2013-2013                      |                  |
|                                       | Number Street                                      |                                         |                                |                  |
|                                       | Names.                                             |                                         |                                |                  |
|                                       |                                                    | As of the date you file, the claim is:  | : Check all that apply.        |                  |
|                                       | Carrollton TX 75007                                | Contingent                              |                                |                  |
|                                       | City State Zip Code                                | Unliquidated                            |                                |                  |
| v                                     | Who owes the debt? Check one.                      | Disputed                                |                                |                  |
|                                       | Debtor 1 only                                      |                                         |                                |                  |
|                                       | Debtor 2 only                                      | Type of NONPRIORITY unsecured           | claim:                         |                  |
| [                                     | Debtor 1 and Debtor 2 only                         | Student loans                           |                                |                  |
| [                                     | At least one of the debtors and another            | Obligations arising out of a separat    | ion agreement or divorce       |                  |
|                                       | Check if this claim relates to a                   | that you did not report as priority cla | aims                           |                  |
| "                                     | community debt                                     | Debts to pension or profit-sharing p    |                                |                  |
| <u> </u>                              | s the claim subject to offest?                     | _                                       |                                |                  |
|                                       | No                                                 | Other. Specify Unknown Cred             | it Extension                   |                  |
|                                       | Yes                                                |                                         |                                |                  |

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Your NONPRIORITY Unsecured Claims - Continuation Page

| After | listing any entries on this page, number them be | eginning with 4.4, followed by 4.5, and so forth.                 | Total Claim        |
|-------|--------------------------------------------------|-------------------------------------------------------------------|--------------------|
| 4.7   | Christopher Solomon                              | Last 4 digits of account number                                   | <b>\$</b> 5,205.00 |
|       | Creditor's Name                                  |                                                                   |                    |
|       | 100 Illinois St                                  | When was the debt incurred?                                       |                    |
|       | Number Street                                    |                                                                   |                    |
|       | STE 200                                          | As of the date you file, the claim is: Check all that apply.      |                    |
|       |                                                  | Contingent                                                        |                    |
|       | Saint Charles IL 60174                           | Unliquidated                                                      |                    |
|       | City State Zip Code                              |                                                                   |                    |
|       | Who owes the debt? Check one.                    | Disputed                                                          |                    |
|       | Debtor 1 only                                    |                                                                   |                    |
|       | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                    |
|       | Debtor 1 and Debtor 2 only                       | Student loans                                                     |                    |
|       | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                    |
|       | Check if this claim relates to a                 | that you did not report as priority claims                        |                    |
|       | community debt                                   | Debts to pension or profit-sharing plans, and other similar debts |                    |
|       | ls the claim subject to offest?                  |                                                                   |                    |
|       | No                                               | Other. Specify Housing/Rental/Lease                               |                    |
|       | Yes                                              |                                                                   |                    |
| 4.8   | Citifinancial                                    | Last 4 digits of account number                                   | \$ <u>8,394.00</u> |
|       | Creditor's Name                                  |                                                                   |                    |
|       | 9528 S. Cicero Ave.                              | When was the debt incurred?                                       |                    |
|       | Number Street                                    |                                                                   |                    |
|       |                                                  | As of the date you file, the claim is: Check all that apply.      |                    |
|       |                                                  | Contingent                                                        |                    |
|       | Oak Lawn IL 60453                                | Unliquidated                                                      |                    |
|       | City State Zip Code                              | Disputed                                                          |                    |
|       | Who owes the debt? Check one.                    | Disputed                                                          |                    |
|       | Debtor 1 only                                    |                                                                   |                    |
|       | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                    |
|       | Debtor 1 and Debtor 2 only                       | Student loans                                                     |                    |
|       | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                    |
|       | Check if this claim relates to a                 | that you did not report as priority claims                        |                    |
|       | community debt                                   | Debts to pension or profit-sharing plans, and other similar debts |                    |
|       | Is the claim subject to offest?                  |                                                                   |                    |
|       | No                                               | Other. Specify Personal Loan                                      |                    |
|       | Yes                                              |                                                                   |                    |
| 4.9   | DEPT OF EDUCATION/NELN                           | Last 4 digits of account number <u>1961</u>                       | <u>\$ 994.00</u>   |
|       | Creditor's Name                                  | When was the debt incurred? 2012-2017                             |                    |
|       | 121 S 13Th St                                    | When was the debt incurred? 2012-2017                             |                    |
|       | Number Street                                    |                                                                   |                    |
|       |                                                  | As of the date you file, the claim is: Check all that apply.      |                    |
|       |                                                  | Contingent                                                        |                    |
|       | Lincoln NE 68508                                 | Unliquidated                                                      |                    |
|       | City State Zip Code                              | Disputed                                                          |                    |
|       | Who owes the debt? Check one.                    |                                                                   |                    |
|       | Debtor 1 only                                    |                                                                   |                    |
|       | Debtor 2 only                                    | Type of NONPRIORITY unsecured claim:                              |                    |
|       | Debtor 1 and Debtor 2 only                       | Student loans                                                     |                    |
|       | At least one of the debtors and another          | Obligations arising out of a separation agreement or divorce      |                    |
|       | Check if this claim relates to a                 | that you did not report as priority claims                        |                    |
|       | community debt                                   | Debts to pension or profit-sharing plans, and other similar debts |                    |
|       | Is the claim subject to offest?                  |                                                                   |                    |
|       | No                                               | Other. Specify                                                    |                    |
|       | Yes                                              |                                                                   |                    |

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| After lis | sting any entries on this page, number them be    | ginning with 4.4, followed by 4.5, an    | d so forth.                   | Total Claim        |
|-----------|---------------------------------------------------|------------------------------------------|-------------------------------|--------------------|
| 4.10      | DEPT OF EDUCATION/NELN                            | Last 4 digits of account number          | 0552                          | \$ <u>2,055.00</u> |
|           | Creditor's Name                                   |                                          | 2013-2017                     |                    |
|           | 121 S 13Th St                                     | When was the debt incurred?              | 2013-2017                     |                    |
|           | Number Street                                     |                                          |                               |                    |
|           |                                                   | As of the date you file, the claim is:   | Check all that apply.         |                    |
|           |                                                   | Contingent                               |                               |                    |
|           | Lincoln NE 68508                                  | Unliquidated                             |                               |                    |
| ١,,       | City State Zip Code /ho owes the debt? Check one. | Disputed                                 |                               |                    |
| "         | <b>¬</b>                                          |                                          |                               |                    |
|           | Debtor 1 only                                     |                                          |                               |                    |
|           | Debtor 2 only                                     | Type of NONPRIORITY unsecured c          | laim:                         |                    |
|           | Debtor 1 and Debtor 2 only                        | Student loans                            |                               |                    |
| <u> </u>  | At least one of the debtors and another           | Obligations arising out of a separation  |                               |                    |
| [         | Check if this claim relates to a                  | that you did not report as priority cla  |                               |                    |
|           | community debt                                    | Debts to pension or profit-sharing pl    | ans, and other similar debts  |                    |
| IS        | the claim subject to offest?                      | _                                        |                               |                    |
|           | No                                                | Other. Specify                           |                               |                    |
| <b></b>   | Yes<br>DEPT OF EDUCATION/NELN                     | Look & Bulko of committee on             | 0652                          | <b>\$</b> 2,159.00 |
| 4.11      | Creditor's Name                                   | Last 4 digits of account number          |                               | <u>\$ 2,100.00</u> |
|           | 121 S 13Th St                                     | When was the debt incurred?              | 2014-2017                     |                    |
|           | Number Street                                     |                                          |                               |                    |
|           | Number Street                                     |                                          |                               |                    |
|           |                                                   | As of the date you file, the claim is:   | Check all that apply.         |                    |
|           | Lincoln NE 68508                                  | Contingent                               |                               |                    |
|           | City State Zip Code                               | Unliquidated                             |                               |                    |
| l v       | /ho owes the debt? Check one.                     | Disputed                                 |                               |                    |
| Ιг        | Debtor 1 only                                     | _                                        |                               |                    |
|           | Debtor 2 only                                     | Type of NONPRIORITY unsecured c          | laim:                         |                    |
| 1 7       | Debtor 1 and Debtor 2 only                        | Student loans                            | iuiii.                        |                    |
| 1 1       | At least one of the debtors and another           | Obligations arising out of a separation  | on agreement or divorce       |                    |
| 1 1       |                                                   | that you did not report as priority cla  |                               |                    |
| L         | Check if this claim relates to a community debt   | Debts to pension or profit-sharing pla   |                               |                    |
| ls        | the claim subject to offest?                      | Debts to pension or profit-straining pro | aris, and other similar depts |                    |
|           | No                                                | Other Cresife                            |                               |                    |
| lī        | Yes                                               | Other. Specify                           | <del></del>                   |                    |
| 4.12      | DEPT OF EDUCATION/NELN                            | Last 4 digits of account number          | 7854                          | \$ 3,557.00        |
| 7.12      | Creditor's Name                                   |                                          | <del> </del>                  |                    |
|           | 121 S 13Th St                                     | When was the debt incurred?              | 2015-2017                     |                    |
|           | Number Street                                     |                                          |                               |                    |
|           |                                                   | As of the date you file, the claim is:   | Check all that apply          |                    |
|           |                                                   |                                          | Check all that apply.         |                    |
|           | Lincoln NE 68508                                  | Contingent                               |                               |                    |
|           | City State Zip Code                               | Unliquidated                             |                               |                    |
| <u> </u>  | /ho owes the debt? Check one.                     | Disputed                                 |                               |                    |
| [         | Debtor 1 only                                     |                                          |                               |                    |
|           | Debtor 2 only                                     | Type of NONPRIORITY unsecured c          | laim:                         |                    |
|           | Debtor 1 and Debtor 2 only                        | Student loans                            |                               |                    |
| Ī         | At least one of the debtors and another           | Obligations arising out of a separation  | on agreement or divorce       |                    |
| 7         | Check if this claim relates to a                  | that you did not report as priority cla  | ims                           |                    |
| -         | community debt                                    | Debts to pension or profit-sharing pl    | ans, and other similar debts  |                    |
| Is        | the claim subject to offest?                      |                                          |                               |                    |
|           | No                                                | Other. Specify                           |                               |                    |
| $\Box$    | Yes                                               | <u> </u>                                 |                               |                    |

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Case Number (if known) **Document** Jasen Robert Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page any entries on this page, number them beginning with 4.4 followed by 4.5, and so forth

| Aiterii  | sting any entries on this page, number them b      | regimming with 4.4, followed by 4.5, an                                            | u so torui.                   | Total Claim        |
|----------|----------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------|--------------------|
| 4.13     | DEPT OF EDUCATION/NELN                             | Last 4 digits of account number                                                    | 1861                          | \$ <u>3,602.00</u> |
|          | Creditor's Name<br>121 S 13Th St                   | When was the debt incurred?                                                        | 2012-2017                     |                    |
|          | Number Street                                      |                                                                                    |                               |                    |
|          |                                                    | As of the date you file the claim is:                                              | Cheek all that apply          |                    |
|          |                                                    | As of the date you file, the claim is:                                             | Спеск ан шатарру.             |                    |
|          | Lincoln NE 68508                                   | Contingent                                                                         |                               |                    |
|          | City State Zip Code                                | Unliquidated                                                                       |                               |                    |
| <u>v</u> | Who owes the debt? Check one.                      | Disputed                                                                           |                               |                    |
| <u> </u> | Debtor 1 only                                      |                                                                                    |                               |                    |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured c                                                    | claim:                        |                    |
|          | Debtor 1 and Debtor 2 only                         | Student loans                                                                      |                               |                    |
|          | At least one of the debtors and another            | Obligations arising out of a separation                                            | on agreement or divorce       |                    |
| ΙĒ       | Check if this claim relates to a                   | that you did not report as priority cla                                            | ims                           |                    |
| -        | community debt                                     | Debts to pension or profit-sharing pla                                             | ans, and other similar debts  |                    |
| Is       | s the claim subject to offest?                     |                                                                                    |                               |                    |
|          | No                                                 | Other. Specify                                                                     |                               |                    |
| $\vdash$ | Yes                                                |                                                                                    | 0.000                         | 4.050.00           |
| 4.14     | DEPT OF EDUCATION/NELN                             | Last 4 digits of account number                                                    | 0452                          | \$ <u>4,650.00</u> |
|          | Creditor's Name                                    | When was the debt incurred?                                                        | 2013-2017                     |                    |
|          | 121 S 13Th St                                      | when was the debt incurred?                                                        | 31.7.27.                      |                    |
|          | Number Street                                      |                                                                                    |                               |                    |
|          |                                                    | As of the date you file, the claim is:                                             | Check all that apply.         |                    |
|          | 1: 1 NE 00500                                      | Contingent                                                                         |                               |                    |
|          | Lincoln NE 68508                                   | Unliquidated                                                                       |                               |                    |
| v        | City State Zip Code  Vho owes the debt? Check one. | Disputed                                                                           |                               |                    |
| Ì        | Debtor 1 only                                      | _                                                                                  |                               |                    |
| 1        | Debtor 2 only                                      | Type of NONPRIORITY unsecured c                                                    | laim:                         |                    |
|          | <b>=</b>                                           | Student loans                                                                      | iaiii.                        |                    |
| }        | Debtor 1 and Debtor 2 only                         | Obligations arising out of a separation                                            | on agreement or diverse       |                    |
|          | At least one of the debtors and another            | <del>-</del> -                                                                     |                               |                    |
| L        | Check if this claim relates to a community debt    | that you did not report as priority cla  Debts to pension or profit-sharing plants |                               |                    |
| 19       | s the claim subject to offest?                     | Debts to pension of profit-sharing pi                                              | aris, and other similar debts |                    |
| Ï        | No                                                 | Other Cresifi                                                                      |                               |                    |
| lī       | Yes                                                | Other. Specify                                                                     |                               |                    |
| 4.15     | DEPT OF EDUCATION/NELN                             | Last 4 digits of account number                                                    | 7954                          | \$ 5,949.00        |
|          | Creditor's Name                                    |                                                                                    |                               |                    |
|          | 121 S 13Th St                                      | When was the debt incurred?                                                        | 2015-2017                     |                    |
|          | Number Street                                      |                                                                                    |                               |                    |
|          |                                                    | As of the date you file, the claim is:                                             | Check all that apply          |                    |
|          |                                                    | Contingent                                                                         | Chook all that apply.         |                    |
|          | Lincoln NE 68508                                   | Unliquidated                                                                       |                               |                    |
|          | City State Zip Code                                |                                                                                    |                               |                    |
| <u> </u> | Who owes the debt? Check one.                      | Disputed                                                                           |                               |                    |
| <u> </u> | Debtor 1 only                                      |                                                                                    |                               |                    |
|          | Debtor 2 only                                      | Type of NONPRIORITY unsecured of                                                   | laim:                         |                    |
|          | Debtor 1 and Debtor 2 only                         | Student loans                                                                      |                               |                    |
| [        | At least one of the debtors and another            | Obligations arising out of a separation                                            | on agreement or divorce       |                    |
| [        | Check if this claim relates to a                   | that you did not report as priority cla                                            | ims                           |                    |
|          | community debt                                     | Debts to pension or profit-sharing plants                                          | ans, and other similar debts  |                    |
| Is       | s the claim subject to offest?                     |                                                                                    |                               |                    |
|          | No                                                 | Other. Specify                                                                     |                               |                    |
|          | Yes                                                | -                                                                                  |                               |                    |

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Your NONPRIORITY Unsecured Claims - Continuation Page

| sting any entries on this page, number them        | beginning with 4.4, followed by 4.5, and so forth.                | Total Claim        |
|----------------------------------------------------|-------------------------------------------------------------------|--------------------|
| First Federal Credit C                             | Last 4 digits of account number 7027                              | \$ <u>300.00</u>   |
| Creditor's Name                                    | 0040 0040                                                         |                    |
| 24700 Chagrin Blvd Ste 2                           | When was the debt incurred? 2013-2013                             |                    |
| Number Street                                      |                                                                   |                    |
|                                                    | As of the date you file, the claim is: Check all that apply.      |                    |
|                                                    | Contingent                                                        |                    |
| Cleveland OH 44122                                 | ☐ Unliquidated                                                    |                    |
| City State Zip Code                                | Disputed                                                          |                    |
| Vho owes the debt? Check one.                      |                                                                   |                    |
| Debtor 1 only                                      |                                                                   |                    |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                         | ☐ Student loans                                                   |                    |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| s the claim subject to offest?                     | - W. F. 18 11                                                     |                    |
| =                                                  | Other. Specify Medical Debt                                       |                    |
| Yes Nationwide CAC LLC                             | Last 4 digits of account number 9967                              | <b>\$</b> 5,515.00 |
| Creditor's Name                                    | Last 4 digits of account number                                   | Ψ                  |
| 3435 N Cicero Ave                                  | When was the debt incurred? 2013-12-23                            |                    |
| Number Street                                      | <del></del>                                                       |                    |
|                                                    | As a false data constitue the alleles by Ober Leibilian and       |                    |
|                                                    | As of the date you file, the claim is: Check all that apply.      |                    |
| Chicago IL 60641                                   | Contingent                                                        |                    |
| City State Zip Code                                | Unliquidated                                                      |                    |
| Vho owes the debt? Check one.                      | Disputed                                                          |                    |
| Debtor 1 only                                      |                                                                   |                    |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                         | Student loans                                                     |                    |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| s the claim subject to offest?                     | <del>_</del>                                                      |                    |
| No                                                 | Other. Specify                                                    |                    |
| Yes                                                |                                                                   |                    |
| Navient                                            | Last 4 digits of account number <u>3998</u>                       | \$ <u>8,137.00</u> |
| Creditor's Name                                    | When was the debt incurred? 2006-2017                             |                    |
| 123 S Justison St Ste 30                           | When was the debt incurred? 2006-2017                             |                    |
| Number Street                                      |                                                                   |                    |
|                                                    | As of the date you file, the claim is: Check all that apply.      |                    |
|                                                    | Contingent                                                        |                    |
| Wilmington DE 19801                                | Unliquidated                                                      |                    |
| City State Zip Code  Who owes the debt? Check one. | ☐ Disputed                                                        |                    |
| Debtor 1 only                                      |                                                                   |                    |
| <b>=</b> '                                         | Tune of NONDDIODITY unaccount alsimo                              |                    |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only                         | Student loans                                                     |                    |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a                   | that you did not report as priority claims                        |                    |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts |                    |
| s the claim subject to offest?                     |                                                                   |                    |
| NO<br>Ves                                          | Other. Specify                                                    |                    |

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Case Number (if known) Document Jasen Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Navient \$ 24,246.00 4.19 Last 4 digits of account number Creditor's Name 2005-2017 123 S Justison St Ste 30 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Wilmington DE 19801 Unliquidated State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest? No Other. Specify \_ Yes Navient Education LOAN CORP 0002 \$ 26.00 4.20 Last 4 digits of account number 2012-2012 111 Washington Ave S Ste When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent MN 55401 Minneapolis Unliquidated State Zip Code Disputed Who owes the debt? Check one.

Type of NONPRIORITY unsecured claim:

that you did not report as priority claims

Obligations arising out of a separation agreement or divorce

Debts to pension or profit-sharing plans, and other similar debts

Student loans

Other. Specify \_

Debtor 1 only Debtor 2 only

Debtor 1 and Debtor 2 only

community debt Is the claim subject to offest?

No

At least one of the debtors and another

Check if this claim relates to a

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List Others to Be Notified for a Debt That You Already Listed

| 2, then list the collection agency here. Similarly additional creditors here. If you do not have add |           |            |                                      | ·                                                   |
|------------------------------------------------------------------------------------------------------|-----------|------------|--------------------------------------|-----------------------------------------------------|
| Cavalry Portfolio Services, Bankruptcy Dept.                                                         |           | _          | On which entry in Part 1 or Part 2 I | list the original creditor?                         |
| Name<br>PO Box 520                                                                                   |           |            | Line 8 of (Check one):               | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                                                                                        |           | _          |                                      | Part 2: Creditors with Nonpriority Unsecured Claims |
| Valhalla                                                                                             | NY        | -<br>10595 | Last 4 digits of account number _    |                                                     |
| City                                                                                                 | State Zip | Code       |                                      |                                                     |
| McHenry County Clerk, Doc No 17 SC 2342                                                              |           | _          | On which entry in Part 1 or Part 2 I | list the original creditor?                         |
| Name<br>2200 N. Seminary Ave.                                                                        |           |            | Line 17 of (Check one):              | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                                                                                        |           | _          |                                      | Part 2: Creditors with Nonpriority Unsecured Claims |
| Woodstock                                                                                            | IL        | 60098      | Last 4 digits of account number _    | <u>9967</u>                                         |
| City                                                                                                 | State Zip | _<br>Code  |                                      |                                                     |
| Law Offices of Kimberly Weissman                                                                     |           | _          | On which entry in Part 1 or Part 2 I | ist the original creditor?                          |
| Name<br>633 Skokie Blvd Ste 400                                                                      |           | _          | Line 17 of (Check one):              | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                                                                                        |           |            |                                      | Part 2: Creditors with Nonpriority Unsecured Claims |
| Northbrook                                                                                           | IL        | -<br>60062 | Last 4 digits of account number      | 9967                                                |
| City                                                                                                 | State Zip |            |                                      | <del></del>                                         |

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Jasen Debtor 1

Robert

**Document** 

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                          |                                                                                                             |     | Total claim |
|--------------------------|-------------------------------------------------------------------------------------------------------------|-----|-------------|
| Total claims from Part 1 | 6a. Domestic support obligations                                                                            | 6a. | \$0.00      |
|                          | 6b. Taxes and Certain other debts you owe the government                                                    | 6b. | \$3,800.00  |
|                          | 6c. Claims for death or personal injury while you were intoxicated                                          | 6c. | \$0.00      |
|                          | 6d. <b>Other.</b> Add all other priority unsecured claims.  Write that amount here.                         | 6d. | \$0.00      |
|                          | 6e. <b>Total.</b> Add lines 6a through 6d.                                                                  | 6e. | \$3,800.00  |
|                          |                                                                                                             |     | Total claim |
| Total claims from Part 2 | 6f. Student loans                                                                                           | 6f. | \$55,375.00 |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00      |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$0.00      |
|                          | 6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$          |
|                          | 6j. <b>Total.</b> Add lines 6f through 6i.                                                                  | 6j. | \$          |

|                     |                | Caso 19 9                                  | 00261 Doc 1 I                                             | =ilod 02/09/19                | Entered 02/08/18 13:59:48                                                                              | Dose Main           |
|---------------------|----------------|--------------------------------------------|-----------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------|---------------------|
| Fill ir             | n this inf     | ormation to identify                       |                                                           |                               | 0 of 59                                                                                                | Desc Main           |
| Debte               | or 1           | Jasen                                      | Robert                                                    | Sundberg                      |                                                                                                        |                     |
|                     |                | First Name                                 | Middle Name                                               | Last Name                     |                                                                                                        |                     |
| Debte               |                | Jennifer                                   | L                                                         | Sundberg                      |                                                                                                        |                     |
| (Spous              | se, if filing) | First Name                                 | Middle Name                                               | Last Name                     |                                                                                                        |                     |
| Unite               | ed States I    | Bankruptcy Court for the                   | e: <u>NORTHERN</u> District of _                          | ILLINOIS (State)              |                                                                                                        |                     |
|                     | Number         |                                            |                                                           |                               |                                                                                                        | Check if this is an |
| (If kn              |                |                                            |                                                           |                               |                                                                                                        | amended filing      |
| <u>Offic</u>        | ial Fo         | orm 106G                                   |                                                           |                               |                                                                                                        |                     |
| Sche                | dule           | G: Executor                                | y Contracts and                                           | Unexpired Leas                | ses                                                                                                    | 12/15               |
| nformat<br>addition | tion. If m     | ore space is needed<br>, write your name a | d, copy the additional page<br>nd case number (if known). | , fill it out, number the en  | n are equally responsible for supplying correct<br>ntries, and attach it to this page. On the top of a | ny                  |
|                     | -              |                                            | stracts or unexpired leases?                              |                               | bear and bine also be accounted this form                                                              |                     |
|                     |                |                                            |                                                           |                               | ou have nothing else to report on this form.                                                           |                     |
| Ш                   | Yes. Fill      | in all of the informati                    | ion below even if the contrac                             | its or leases are listed in 3 | Schedule A/B: Property (Official Form 106A/B)                                                          |                     |
| exai                | -              | nt, vehicle lease, cel                     |                                                           |                               | Then state what each contract or lease is for (function booklet for more examples of executory co      |                     |
| Pe                  | erson or       | company with whon                          | n you have the contract or I                              | ease                          | State what the contract or lease                                                                       | e is for            |
| 2.1                 |                |                                            |                                                           |                               |                                                                                                        |                     |
|                     | Name           |                                            |                                                           | <del></del>                   |                                                                                                        |                     |
| -                   | Number         | Street                                     |                                                           |                               |                                                                                                        |                     |
|                     | City           |                                            | State Zip                                                 | Code                          |                                                                                                        |                     |
| 2.2                 |                |                                            |                                                           |                               |                                                                                                        |                     |
| -                   | Name           |                                            |                                                           |                               |                                                                                                        |                     |
|                     | Number         | Street                                     |                                                           |                               | -                                                                                                      |                     |
|                     |                |                                            |                                                           |                               |                                                                                                        |                     |
| •                   | City           |                                            | State Zip                                                 | Code                          | -                                                                                                      |                     |
| 2.3                 |                |                                            |                                                           |                               |                                                                                                        |                     |
| -                   | Name           |                                            |                                                           |                               |                                                                                                        |                     |
|                     |                |                                            |                                                           |                               | -                                                                                                      |                     |
|                     | Number         | Street                                     |                                                           |                               |                                                                                                        |                     |
| •                   | City           |                                            | State Zip                                                 | Code                          | -                                                                                                      |                     |
|                     |                |                                            |                                                           |                               |                                                                                                        |                     |
| 2.4                 |                |                                            |                                                           |                               |                                                                                                        |                     |
|                     | Name           |                                            |                                                           |                               |                                                                                                        |                     |
|                     | Number         | Street                                     |                                                           |                               | -                                                                                                      |                     |
|                     |                |                                            |                                                           |                               |                                                                                                        |                     |
| •                   | City           |                                            | State Zip                                                 | Code                          | •                                                                                                      |                     |
| 2.5                 |                |                                            |                                                           |                               |                                                                                                        |                     |
| -                   | Name           |                                            |                                                           |                               |                                                                                                        |                     |
| -                   |                |                                            |                                                           |                               |                                                                                                        |                     |
|                     | Number         | Street                                     |                                                           |                               |                                                                                                        |                     |
|                     | City           |                                            | State Zip                                                 | Code                          |                                                                                                        |                     |

Official Form 106G

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| Fill in this in     | formation to ident   | ify your case:                      |           |
|---------------------|----------------------|-------------------------------------|-----------|
| Debtor 1            | Jasen                | Robert                              | Sundberg  |
|                     | First Name           | Middle Name                         | Last Name |
| Debtor 2            | Jennifer             | L                                   | Sundberg  |
| (Spouse, if filing) | First Name           | Middle Name                         | Last Name |
| United States       | Bankruptcy Court for | the : <u>NORTHERN</u> District of _ |           |
| Case Number         | r                    |                                     | (State)   |
| (If known)          |                      |                                     |           |

12/15

# Official Form 106H

Schedule H: Your Codebtors

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| 1. <b>D</b> | o you have any codebtors? (If you are filing a joint case, do not                                                                | t list either spouse as a codebtor.)                                   |
|-------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
|             | No.                                                                                                                              |                                                                        |
|             | Yes                                                                                                                              |                                                                        |
| 2. <b>W</b> | ithin the last 8 years, have you lived in a community property                                                                   | state or territory? (Community property states and territories include |
| A           | rizona, California, Idaho, Lousiiana, Nevada, New Mexico, Puer                                                                   | to Rico, Texas, Washington, and Wisconsin.)                            |
|             | No. Go to line 3.                                                                                                                |                                                                        |
|             | Yes. Did your spouse, former spouse, or legal equivalent live                                                                    | with you at the time?                                                  |
|             | No                                                                                                                               | Fill in the second and account address of the transport                |
|             | Yes. Inwhich community state or territory did you live?_                                                                         | Fill in the name and current address of that person.                   |
|             |                                                                                                                                  |                                                                        |
|             | Name of your spouse, former spouse or legal equivalent                                                                           |                                                                        |
|             | Number Street                                                                                                                    |                                                                        |
|             |                                                                                                                                  |                                                                        |
|             | City State                                                                                                                       | Zip Code                                                               |
|             |                                                                                                                                  | buse as a codebtor if your spouse is filing with you. List the person  |
|             | hown in line 2 again as a codebtor only if that person is a gua<br>chedule D (Official Form 106D), Schedule E/F (Official Form 1 |                                                                        |
|             | chedule E/F, or Schedule G to fill out Column 2.                                                                                 | outh ), or otherwise of (official Form 1995). Ose otherwise b,         |
|             | Orlean 4 V                                                                                                                       | 0.6                                                                    |
|             | Column 1: Your codebtor                                                                                                          | Column 2: The creditor to whom you owe the debt                        |
|             |                                                                                                                                  | Check all schedules that apply:                                        |
| 3.1         |                                                                                                                                  | Schedule D, line                                                       |
|             | Name                                                                                                                             | Schedule E/F, line                                                     |
|             | Number Street                                                                                                                    |                                                                        |
|             |                                                                                                                                  | Schedule G, line                                                       |
|             | City State                                                                                                                       | Zip Code                                                               |
| 3.2         |                                                                                                                                  | Schedule D, line                                                       |
|             | Name                                                                                                                             | Schedule E/F, line                                                     |
|             | Number Street                                                                                                                    | Schedule G, line                                                       |
|             | City State                                                                                                                       | Zip Code                                                               |
| 3.3         | Only                                                                                                                             | Schedule D, line                                                       |
| 0.0         | Name                                                                                                                             |                                                                        |
|             |                                                                                                                                  | Schedule E/F, line                                                     |
|             | Number Street                                                                                                                    | Schedule G, line                                                       |
|             | City State                                                                                                                       | Zip Code                                                               |

| Fill in this information to identify your case:                               |            |             |           |  |  |
|-------------------------------------------------------------------------------|------------|-------------|-----------|--|--|
| Debtor 1                                                                      | Jasen      | Robert      | Sundberg  |  |  |
|                                                                               | First Name | Middle Name | Last Name |  |  |
| Debtor 2                                                                      | Jennifer   | L           | Sundberg  |  |  |
| (Spouse, if filing)                                                           | First Name | Middle Name | Last Name |  |  |
| United States Bankruptcy Court for the : <u>NORTHERN DISTRICT OF ILLINOIS</u> |            |             |           |  |  |
|                                                                               |            |             |           |  |  |

| Che | ck if this is:                              |
|-----|---------------------------------------------|
|     | An amended filing                           |
|     | A supplement showing post-petition          |
|     | chapter 13 income as of the following date: |
|     |                                             |
|     | MM / DD / YYYY                              |

## Official Form 106I

#### **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | ort 1: Describe Employment                                                                         |                                                                                                                  |                          |              |                                   |           |
|----|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|-----------------------------------|-----------|
| 1. | Fill in your employment information                                                                |                                                                                                                  | Debtor 1                 |              | Debtor 2 or non-filing s          | pouse     |
|    | If you have more than one job, attach a separate page with information about additional employers. | Employment status                                                                                                | Employed  X Not employed | d            | X Employed Not employed           |           |
|    | Include part-time, seasonal, or self-employed work.                                                | Occupation                                                                                                       |                          |              | Medical Assistant                 |           |
|    | Occupation may Include student or homemaker, if it applies.                                        | Employers name                                                                                                   |                          |              | Comprehensive Urolog              | ical Care |
|    |                                                                                                    | Employers address                                                                                                |                          |              | 22285 N. Pepper Rd.               |           |
|    |                                                                                                    |                                                                                                                  |                          |              | Barrington, IL 60010              |           |
|    |                                                                                                    |                                                                                                                  |                          |              |                                   |           |
|    |                                                                                                    | How long employed there?                                                                                         |                          |              | Since 3/1/2016                    |           |
| Pa | rt 2: Give Details About Month                                                                     | ly Income                                                                                                        |                          |              |                                   |           |
|    | spouse unless you are separated. If you or your non-filing spouse ha                               | the date you file this form. If you have more than one employer, combined, attach a separate sheet to this form. | ne the information for   |              | . , , ,                           |           |
|    |                                                                                                    |                                                                                                                  |                          | For Debtor 1 | For Debtor 2 or non-filing spouse |           |
| 2. |                                                                                                    | y and commissions (before all pay calculate what the monthly wage wo                                             |                          | \$0.00       | \$3,160.32                        |           |
| 3. | Estimate and list monthly overti                                                                   | me pay.                                                                                                          |                          | \$0.00       | \$0.00                            |           |
| 4. | Calculate gross income. Add line                                                                   | e 2 + line 3.                                                                                                    |                          | \$0.00       | \$3,160.32                        |           |

Official Form 106I Record # 753794 Schedule I: Your Income Page 1 of 2

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Debtor 1 Jasen Robert Document Sundberg Page 33 of 59
First Name Middle Name Last Name Page 33 of 59
Case Number (if known)

| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                                                                                                                   |                |               |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|------------|
| S. List all payroll deductions:  5a. Tax, Medicare, and Social Security deductions  5b. Mandatory contributions for retirement plans  5c. So. 0.00  5c. Voluntary contributions for retirement plans  5c. So. 0.00  5c. Voluntary contributions for retirement plans  5c. So. 0.00  5c. Voluntary contributions for retirement plans  5c. So. 0.00  5c. No. 0.00  5c. Insurance  5c. So. 0.00  5c. Insur                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                   |                | For Debtor 1  |            |
| 56. Tax, Medicare, and Social Security deductions (51. Sq. 0.00 S                                                                                                                                                                                                                                                                                                                                        | Col              | py line 4 here                                                                                                                                                                    | 4.             | \$0.00        | \$3,160.32 |
| 5b. Mandatory contributions for retirement plans   5b.   \$0.00   \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                   |                |               |            |
| 5c. Voluntary contributions for retirement plans  5c. \$0.00  \$0.00  5d. Required repayments of retirement fund loans  5c. \$0.00  \$0.00  5c. Insurance  5c. \$0.00  \$456.71  5d. Domestic support obligations  5d. \$0.00  \$0.00  5g. Union dues  5g. \$0.00  \$0.00  5g. Union dues  5g. \$0.00  \$0.00  5g. Union dues  5g. \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00                                                                    |                  |                                                                                                                                                                                   | _              | ·             |            |
| 5d. Required repayments of retirement fund loans  5e. Insurance  5f. Domestic support obligations  5f. S0.000  \$456.71  5f. \$0.000  \$0.000  5g. Union dues  5g. \$50.000  \$0.000  5h. Other deductions. Specify:  5h. \$0.000  \$0.000  5h. Other deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.  \$0.000  \$1,066.95  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$0.00  \$2,093.37  8. List all other income regularly received:  8a. Net income from rental property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive linclude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8c. Social Security  8d. \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.                                                                                                                                                           | 5b.              | Mandatory contributions for retirement plans                                                                                                                                      | 5b             | \$0.00        | \$0.00     |
| Se. Insurance  5e. Insurance  5f. Domestic support obligations  5g. Union dues  5g. \$0.00  \$0.000  5h. Other deductions. Specify: 5h. \$0.00  \$0.000  5h. Other deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$0.00  \$1,066.95  7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$0.00  \$2,093.37  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly ret income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive linclude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8p. Pension or retirement income  8h. Other monthly income. Specify: 8h. \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$                                                                                                                                                                                                            | 5c.              | Voluntary contributions for retirement plans                                                                                                                                      | 5c.            | \$0.00        | \$0.00     |
| 5f. Domestic support obligations 5g. Union dues 5g. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$1,066.95  7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$0.00 \$2,093.37  8. List all other income regularly received: 8a. Net Income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly the lincome. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive linclude alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8e. \$0.00 \$0.00 \$0.00 \$1f. Other government assistance that you regularly receive linclude alimony, spousal support, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income 8h. \$0.00 \$0.00 \$0.00 \$0.00 \$1. Calculate monthly income. Specify:  8g. Pension or retirement income 8h. \$0.00 \$0.00 \$0.00 \$1. State all other regular contributions to the expenses that you flependents, your roommates, and other flends or relatives.  Specify:  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions for an unmarried partner, members of your household, your dependents, your roommates, and other fliends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  10. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expen                                                                                                                                                                                                                                                                                                           | 5d.              | Required repayments of retirement fund loans                                                                                                                                      | 5d.            | \$0.00        | \$0.00     |
| 5g. Union dues  5g. \$0.00 \$0.00  5h. Other deductions. Specify:  5h. \$0.00 \$0.00  6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$0.00 \$1,066.95  7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$0.00  \$2,083.37  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, cridinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation 8d. \$0.00 \$0.00  8f. Other government assistance that you regularly receive 8f. \$0.00 \$0.00  8f. Other government assistance that you regularly receive 8f. \$0.00 \$0.00  8f. Other government assistance that you receive, such as food stamps (fenefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement Income  8h. Other monthly income. Specify:  8g. Pension or retirement Income  8h. Other monthly income. Add lines 3a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$0.00 \$0.00  9. Add all other income. Add lines 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  10. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommales, and other friends or relatives.  10. On not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  10. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. No.                                                                                                                                                                                                                                                                                                                                                                          | 5e.              | Insurance                                                                                                                                                                         | 5e.            | \$0.00        | \$456.71   |
| Sh. Other deductions. Specify:  5h. Other deductions. Specify:  5h. \$0.00 \$0.00  \$1,066,95  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$0.00  \$2,093.37  Subtract line 6 from line 4.  7. \$0.00  \$2,093.37  Subtract line 6 from line 4.  7. \$0.00  \$2,093.37  Subtract line 6 from line 4.  7. \$0.00  \$2,093.37  Subtract line 6 from line 4.  7. \$0.00  \$2,093.37  Subtract line 6 from line 4.  8. List all other income regularly received:  8. Nat income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. \$0.00 \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.                                                                                                                              | 5f.              | Domestic support obligations                                                                                                                                                      | 5f.            | \$0.00        | \$0.00     |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$0.00  \$2,093.37  8. List all other income regularly received: 8. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8. Interest and dividends 8. Interest and dividends 8. \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.                                                                                                          | 5g.              | Union dues                                                                                                                                                                        | 5g.            | \$0.00        | \$0.00     |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  8. List all other Income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Altach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$0.00 \$0.00  8e. Social Security  8e. \$0.00 \$0.00  8f. Other government assistance that you regularly receive  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8h. Other monthly income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.0                                                                                                                                                                                      | 5h.              | Other deductions. Specify:                                                                                                                                                        | 5h.            | \$0.00        | \$0.00     |
| 8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8e. \$0.00 \$0.00  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8h. Other monthly income. Add line 7 + line 9.  Add all other income. Add line 8 a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  9. \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.                                                                                                                                                                                | 6. Add th        | ne payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.                                                                                                             | 6.             | \$0.00        | \$1,066.95 |
| 8a. Net Income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemptoyment compensation  8e. Social Security  8e. \$0.00 \$0.00  8f. Other government assistance that you regularly receive  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8g. \$0.00 \$0.00  8h. Other monthly income. Add line 7 + line 9.  Add all other income. Add line 8 a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$0.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  Write that amount on the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7. Calcul        | ate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                     | 7.             | \$0.00        | \$2,093.37 |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8a. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$           | 8. List al       | l other income regularly received:                                                                                                                                                |                |               |            |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8a. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$           | 8a.              | Net income from rental property and from operating a business,                                                                                                                    |                |               |            |
| receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8b. \$0.00  \$0.00  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8e. Social Security  8f. \$0.00  \$0.00  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8h. Other monthly income. Specify:  8h. \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00  \$0.00                                                                                                                                            |                  | profession, or farm                                                                                                                                                               |                |               |            |
| 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include allimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation 8e. Social Security 8e. \$0.00 \$0.00  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income 8h. Other monthly income. Specify: 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$0.00  \$0.00  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                                                                                                                   |                |               |            |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$0.00 \$0.00  8e. Social Security  8e. \$0.00 \$0.00  8f. Other government assistance that you regularly receive  8f. \$0.00 \$0.00  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8h. \$0.00 \$0.00  8h. Other monthly income. Specify:  8h. \$0.00 \$0.00  10. Calculate monthly income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  9. \$0.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | monthly net income.                                                                                                                                                               | 8a.            | \$0.00        | \$0.00     |
| dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8e. \$0.00  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8g. \$0.00  8h. Other monthly income. Specify:  8h. \$0.00  \$0.00  9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  9. \$0.00  \$0.00  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?    X   No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8b.              | Interest and dividends                                                                                                                                                            | 8b.            | \$0.00        | \$0.00     |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8c.              |                                                                                                                                                                                   | 8c.            | \$ 0.00       | \$ 0.00    |
| settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8e. \$0.00 \$0.00  8f. Other government assistance that you regularly receive  8f. \$0.00 \$0.00  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8g. \$0.00 \$0.00  8h. Other monthly income. Specify:  8h. \$0.00 \$0.00  9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  9. \$0.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  2 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?  X No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                                                                                                                                                                   |                |               |            |
| 8d. Unemployment compensation 8e. Social Security 8e. \$0.00 \$0.00  8f. Other government assistance that you regularly receive 8f. \$0.00 \$0.00  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income 8g. \$0.00 \$0.00  8h. Other monthly income. Specify:  8h. \$0.00 \$0.00  9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$0.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?    X   No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                                                                                                                   |                |               |            |
| 8e. Social Security  8e. \$0.00  8f. Other government assistance that you regularly receive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0.1              |                                                                                                                                                                                   |                |               |            |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income 8g. \$0.00 8h. Other monthly income. Specify: 8h. \$0.00 9. Add all other income. Add line 8 + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?  X No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _                |                                                                                                                                                                                   |                |               |            |
| Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income 8h. Other monthly income. Specify:  9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$0.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?    X   No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8e.              | Social Security                                                                                                                                                                   | 8e.<br>—       | \$0.00        | \$0.00     |
| assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8g. \$0.00 \$0.00  8h. Other monthly income. Specify:  8h. \$0.00 \$0.00  9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$0.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?    X   No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8f.              | Other government assistance that you regularly receive                                                                                                                            | 8f             | \$0.00        | \$0.00     |
| Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income 8h. Other monthly income. Specify:  9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  9. \$0.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | Include cash assistance and the value (if known) of any non-cash                                                                                                                  |                |               |            |
| 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$0.00 8h. Other monthly income. Specify: 8h. \$0.00 8h. \$0.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. 9. \$0.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | Supplemental Nutrition Assistance Program) or housing subsidies.                                                                                                                  |                |               |            |
| 8h. Other monthly income. Specify: 8h. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$ | 0 -              |                                                                                                                                                                                   | 2              | <b>*</b> 0.00 | ** **      |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$0.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?  X No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | J                |                                                                                                                                                                                   |                |               |            |
| 10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?  X No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                                                   | _              |               |            |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies  Do you expect an increase or decrease within the year after you file this form?  X No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9. <b>Ad</b>     | d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.                                                                                                               | 9              | \$0.00        | \$0.00     |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Do you expect an increase or decrease within the year after you file this form?  X No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | -                                                                                                                                                                                 | 10.            | \$0.00 +      | \$2,093.37 |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J.</i> Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data,</i> if it applies  Do you expect an increase or decrease within the year after you file this form?  X No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Add              | d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                          |                | ·             |            |
| <ul> <li>12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.         Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies</li> <li>13. Do you expect an increase or decrease within the year after you file this form?         <ul> <li>X</li> <li>No.</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Inc<br>oth<br>Do | lude contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are r | our dependents |               |            |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?  X No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ·                |                                                                                                                                                                                   |                |               |            |
| Do you expect an increase or decrease within the year after you file this form?  X No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                                                                                                                                                                                   |                | •             | t applies  |
| X No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                                                   |                | •             | •          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _                | · · · · · · · · · · · · · · · · · · ·                                                                                                                                             |                |               |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 늗                |                                                                                                                                                                                   |                |               |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                                                                                                                                   |                |               |            |

Filed 02/08/18 Case 18-80261 Doc 1 Entered 02/08/18 13:59:48 Document Page 34 of 59 Fill in this information to identify your case: Robert Check if this is: Jasen Sundberg Debtor 1 Middle Name An amended filing Jennifer Sundberg Debtor 2 A supplement showing post-petition chapter 13 Middle Name Last Name income as of the following date: United States Bankruptcy Court for the : <u>NORTHERN DISTRICT OF ILLIN</u>OIS MM / DD / YYYY Case Number (If known) A separate filing for Debtor 2 because Debtor 2 Official Form 106J maintains a separate household. Schedule J: Your Expenses 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Your Household** 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Nο Yes. Debtor 2 must file a separate Schedule J. Do you have dependents? No Does dependent live Dependent's relationship to Dependent's Debtor 1 or Debtor 2 with you? age Do not list Debtor 1 and Yes. Fill out this information for No Debtor 2. each dependent..... Son 19 X Yes Do not state the dependents' names Nο Son 11 Х Yes Х Nο Yes Χ No Yes Х No Do your expenses include No expenses of people other than yourself and your dependents? **Estimate Your Ongoing Monthly Expenses** Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) Your expenses

Part 2:

expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

The rental or home ownership expenses for your residence. Include first mortgage payments and

any rent for the ground or lot. If not included in line 4:

Real estate taxes 4a. Property, homeowner's, or renter's insurance

Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues

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Schedule J: Your Expenses

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4c.

4d.

\$1,650.00

\$0.00

\$0.00

\$25.00

\$0.00

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Debtor 1 Jasen Robert Document Sundberg Page 35 of 59
First Name Middle Name Last Name Page 35 of 59
Case Number (if known)

|              |                                                                                                       |      | Your expense | es       |
|--------------|-------------------------------------------------------------------------------------------------------|------|--------------|----------|
| 5. <i>4</i>  | additional Mortgage payments for your residence, such as home equity loans                            | 5.   |              | \$0.00   |
| 3. <b>L</b>  | Itilities:                                                                                            |      |              |          |
| 6            | a. Electricity, heat, natural gas                                                                     | 6a.  |              | \$160.00 |
| 6            | b. Water, sewer, garbage collection                                                                   | 6b.  |              | \$0.00   |
| 6            | c. Telephone, cell phone, internet, satellite, and cable service                                      | 6c.  |              | \$175.0  |
| 6            | d. Other. Specify:                                                                                    | 6d.  | \$           | 0.0      |
| '. F         | ood and housekeeping supplies                                                                         | 7.   |              | \$400.0  |
| 3. (         | Childcare and children's education costs                                                              | 8.   |              | \$0.0    |
| ). (         | Clothing, laundry, and dry cleaning                                                                   | 9.   |              | \$25.0   |
| 0. <b>F</b>  | ersonal care products and services                                                                    | 10.  |              | \$0.0    |
| 1. N         | ledical and dental expenses                                                                           | 11.  |              | \$25.0   |
| 12. <b>1</b> | ransportation. Include gas, maintenance, bus or train fare.                                           | 12.  |              | \$240.0  |
| [            | Oo not include car payments.                                                                          |      |              |          |
| 3. <b>E</b>  | intertainment, clubs, recreation, newspapers, magazines, and books                                    | 13.  |              | \$0.0    |
| 4. (         | Charitable contributions and religious donations                                                      | 14.  |              | \$0.0    |
|              | nsurance.                                                                                             |      |              |          |
|              | 00 not include insurance deducted from your pay or included in lines 4 or 20.                         |      |              |          |
| 1            | 5a. Life insurance                                                                                    | 15a. |              | \$0.0    |
| 1            | 5b. Health insurance                                                                                  | 15b. |              | \$0.0    |
| 1            | 5c. Vehicle insurance                                                                                 | 15c. |              | \$75.0   |
| 1            | 5d. Other insurance. Specify:                                                                         | 15d. |              | \$0.0    |
| 6. <b>1</b>  | axes. Do not include taxes deducted from your pay or included in lines 4 or 20.                       |      |              |          |
| 5            | Specify:                                                                                              | 16.  |              | \$0.0    |
| 7. I         | nstallment or lease payments:                                                                         |      |              |          |
| 1            | 7a. Car payments for Vehicle 1                                                                        | 17a. |              | \$0.0    |
| 1            | 7b. Car payments for Vehicle 2                                                                        | 17b. |              | \$0.0    |
| 1            | 7c. Other. Specify:                                                                                   | 17c. |              | \$0.0    |
| 1            | 7d. Other. Specify:                                                                                   | 17d. |              | \$0.0    |
| 8. <b>\</b>  | our payments of alimony, maintenance, and support that you did not report as deducted                 |      |              |          |
| f            | rom your pay on line 5, Schedule I, Your Income (Official Form 106I).                                 | 18.  |              | \$0.0    |
| 9. <b>(</b>  | Other payments you make to support others who do not live with you.                                   |      |              |          |
| 5            | Specify:                                                                                              | 19.  |              | \$0.0    |
| .O. <b>C</b> | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. |      |              |          |
| 2            | 0a. Mortgages on other property                                                                       | 20a. |              | \$ 0.0   |
|              | 0b. Real estate taxes                                                                                 | 20b. | \$           | 0.0      |
| 2            | 0c. Property, homeowner's, or renter's insurance                                                      | 20c. | \$           | 0.0      |
|              |                                                                                                       |      |              |          |
| 2            | 0d. Maintenance, repair, and upkeep expenses                                                          | 20d. | \$           | 0.0      |

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 Schedule J: Your Expenses
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| Debtor | <sub>1</sub> Jaser | Robert                                         | Sundberg                                | Case Number (if known) |               |            |
|--------|--------------------|------------------------------------------------|-----------------------------------------|------------------------|---------------|------------|
|        | First Nar          | ne Middle Name                                 | Last Name                               |                        |               |            |
| 21.    | Other. S           | pecify:                                        |                                         |                        | 21.           | \$0.00     |
| 22     | Your mo            | nthly expense: Add lines 4 through 21.         |                                         |                        | 22.           | \$2,775.00 |
|        | The resul          | t is your monthly expenses.                    |                                         |                        | _             |            |
|        |                    |                                                |                                         |                        |               |            |
| 23.    | Calculate          | your monthly net income.                       |                                         |                        |               |            |
|        | 23a.               | Copy line 12 (your comibined monthly in        | ncome) from Schedule I.                 |                        | 23a.          | \$2,093.37 |
|        | 23b.               | Copy your monthly expenses from line 2         | 22 above.                               |                        | 23b. <b>-</b> | \$2,775.00 |
|        | 23c.               | Subtract your monthly expenses from your       | our monthly income.                     |                        | 23c.          | -\$681.63  |
|        |                    | The result is your <i>monthly net income</i> . |                                         |                        |               |            |
|        |                    |                                                |                                         |                        |               |            |
|        |                    |                                                |                                         |                        |               |            |
|        |                    |                                                |                                         |                        |               |            |
| 24.    | Do you e           | xpect an increase or decrease in your ex       | xpenses within the year after you f     | ile this form?         |               |            |
|        |                    | ple, do you expect to finish paying for you    | •                                       | • •                    |               |            |
|        | <b>─</b> ` ĭ       | payment to increase or decrease because        | e of a modification to the terms of you | our mortgage?          |               |            |
|        | X No               | - · · · ·                                      |                                         |                        |               |            |
|        | Yes.               | Explain Here:                                  |                                         |                        |               |            |
|        |                    |                                                |                                         |                        |               |            |
|        |                    |                                                |                                         |                        |               |            |
|        |                    |                                                |                                         |                        |               |            |

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 Schedule J: Your Expenses
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| Fill in this in           | formation to iden | ntify your case:                    |                  |
|---------------------------|-------------------|-------------------------------------|------------------|
| Debtor 1                  | Jasen             | Robert                              | Sundberg         |
|                           | First Name        | Middle Name                         | Last Name        |
| Debtor 2                  | Jennifer          | L                                   | Sundberg         |
| (Spouse, if filing)       | First Name        | Middle Name                         | Last Name        |
| United States Case Number |                   | r the : <u>NORTHERN</u> District of | ILLINOIS (State) |
| (If known)                |                   |                                     | _                |

#### Official Form 106 Dec

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?  No  Yes. Name of Person  Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.  *  /* /s/ Jasen Robert Sundberg Signature of Debtor 1  Date 02/07/2018 MM / DD / YYYY  Date 02/07/2018 MM / DD / YYYYY | Sign Below                                    |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------|
| Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.   ★ /s/ Jasen Robert Sundberg                                                                                                                                                                                                   | Did you pay or agree to pay someone who is NO | Γ an attorney to help you fill out bankruptcy forms?                               |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.     Is   Jasen Robert Sundberg   Signature of Debtor 1   Signature of Debtor 2                                                                                                                                                                                                                                                                     | No                                            |                                                                                    |
| x /s/ Jasen Robert Sundberg                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes. Name of Person                           |                                                                                    |
| x /s/ Jasen Robert Sundberg                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                                                                    |
| x /s/ Jasen Robert Sundberg                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                                                                    |
| Signature of Debtor 1         Signature of Debtor 2           Date         02/07/2018           Date         02/07/2018                                                                                                                                                                                                                                                                                                                                                                           |                                               | d the summary and schedules filed with this declaration and that they are true and |
| Signature of Debtor 1         Signature of Debtor 2           Date         02/07/2018           Date         02/07/2018                                                                                                                                                                                                                                                                                                                                                                           |                                               |                                                                                    |
| Date 02/07/2018 Date 02/07/2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 🗶 /s/ Jasen Robert Sundberg                   | ★ /s/ Jennifer L Sundberg                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Signature of Debtor 1                         | Signature of Debtor 2                                                              |
| MM / DD / YYYY MM / DD / YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MM / DD / YYYY                                | MM / DD / YYYY                                                                     |

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| Fill in this in           | formation to ide     | ntify your case:                              |                       |
|---------------------------|----------------------|-----------------------------------------------|-----------------------|
| Debtor 1                  | Jasen First Name     | Robert<br>Middle Name                         | Sundberg<br>Last Name |
| Debtor 2                  | Jennifer             | L.                                            | Sundberg              |
| (Spouse, if filing)       | First Name           | Middle Name                                   | Last Name             |
| United States             | Bankruptcy Court for | or the : <u>NORTHERN</u> District of <u>l</u> | ILLINOIS(State)       |
| Case Number<br>(If known) | ī                    |                                               | (Oldie)<br>-          |

#### Official Form 107

#### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| lullibel       | (ii known). Answer every question.                                     |                            |                                        |                  |
|----------------|------------------------------------------------------------------------|----------------------------|----------------------------------------|------------------|
| Part '         | Give Details About Your Marital Status and When                        | re You Lived Before        |                                        |                  |
| 01. <b>Wh</b>  | at is your current marital status?                                     |                            |                                        |                  |
| _              | -                                                                      |                            |                                        |                  |
|                | Married<br>Not married                                                 |                            |                                        |                  |
|                | Not married                                                            |                            |                                        |                  |
| 02 <b>D</b> ui | ring the last 3 years, have you lived anywhere other                   | r than where you live no   | w?                                     |                  |
|                | No.                                                                    | tilali wilolo you livo lic |                                        |                  |
|                | Yes. List all of the places you lived in the last 3 years              | . Do not include where     | ou live now.                           |                  |
|                |                                                                        |                            |                                        |                  |
|                | Debtor 1                                                               | Dates Debtor 1             | Debtor 2:                              | Dates Debtor 2   |
|                |                                                                        | lived there                | Same as Debtor 1                       | lived there      |
|                | E702 Fieldstone Trl                                                    | EDOM 2012 To               | Same as Debior 1                       | Same as Debtor 1 |
|                | 5702 Fieldstone Trl Mchenry IL 60050-2282                              | FROM 2013 To<br>03/2017    |                                        |                  |
|                | Michelly IL 00030-2202                                                 | 03/2017                    |                                        |                  |
|                |                                                                        |                            |                                        |                  |
|                |                                                                        |                            |                                        |                  |
|                | hin the last 8 years, did you ever live with a spouse                  |                            |                                        | ·                |
|                | perty states and territories include Arizona, Califor<br>I Wisconsin.) | mia, idano, Louisiana, N   | evada, New Mexico, Puerto Rico, Texas, | wasnington,      |
|                | No.                                                                    |                            |                                        |                  |
|                | Yes. Make sure you fill out Schedule H: Your Codebt                    | ors (Official Form 106H)   |                                        |                  |
|                |                                                                        |                            |                                        |                  |
| Part 2         | 2- Explain the Sources of Your Income                                  |                            |                                        |                  |
| r-air (        | Explain the sources of Your Income                                     |                            |                                        |                  |
|                |                                                                        |                            |                                        |                  |
|                |                                                                        |                            |                                        |                  |
|                |                                                                        |                            |                                        |                  |
|                |                                                                        |                            |                                        |                  |
|                |                                                                        |                            |                                        |                  |
|                |                                                                        |                            |                                        |                  |
|                |                                                                        |                            |                                        |                  |
|                |                                                                        |                            |                                        |                  |
|                |                                                                        |                            |                                        |                  |
|                |                                                                        |                            |                                        |                  |

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Debtor 1 Jasen Robert Sundberg Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, \$4,451 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, \$26,833 \$32,527 For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2017) Operating a business Operating a business Wages, commissions, \$49,980 Wages, commissions. \$23,536 For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2016) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) Retirement \$2,730 For last calendar year: Unemployment \$9,429 (January 1 to December 31, 2017) List Certain Payments You Made Before You Filed for Bankruptcy

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Jasen Robert Sundberg Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payments Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid owe 08 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No. Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment Include creditor's name Identify Legal actions, Repossessions, and Foreclosures Part 4: Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☐ No. Yes. Fill in the details. Status of the case Nature of the case Court or agency Collection Circuit Court of McHenry County, IL Pending Nationwide Cac Llc v On appeal Jasen Sundberg 17 SC 2342 Concluded

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| ebto | r 1        | Jasen                                                               | Robert               | Sundberg                       | Case Number (if known                                                     | own)                     |                   |
|------|------------|---------------------------------------------------------------------|----------------------|--------------------------------|---------------------------------------------------------------------------|--------------------------|-------------------|
|      |            | First Name                                                          | Middle Name          | Last Name                      |                                                                           |                          |                   |
|      |            | n 1 year before you filed for b<br>k all that apply and fill in the |                      | of your property repossessed,  | foreclosed, garnished, attached, so                                       | eized, or levied?        |                   |
|      | N          | lo. Go to line 11                                                   |                      |                                |                                                                           |                          |                   |
|      | Y          | es. Fill in the information belo                                    | ow.                  |                                |                                                                           |                          |                   |
|      |            | in 90 days before you filed f<br>fuse to make a payment bed         |                      |                                | or financial institution, set off an                                      | y amounts from y         | our accounts      |
|      | N          | lo. Go to line 11                                                   |                      |                                |                                                                           |                          |                   |
|      | Y          | es. Fill in the information belo                                    | ow.                  |                                |                                                                           |                          |                   |
|      | court      | -appointed receiver, a custo                                        | · -                  |                                | session of an assignee for the be                                         | nefit of creditors,      | a                 |
|      | ■ No       |                                                                     |                      |                                |                                                                           |                          |                   |
| Pa   | art 5:     | List Certain Gifts and Con                                          | ntributions          |                                |                                                                           |                          |                   |
| 13   | _          | -                                                                   | or bankruptcy, did y | ou give any gifts with a total | value of more than \$600 per perso                                        | on?                      |                   |
|      | ■ N        |                                                                     | -:4                  |                                |                                                                           |                          |                   |
| 14   |            | es. Fill in the details for each in 2 years before you filed for    |                      | ou give any gifts or contribut | tions with a total value of more that                                     | an \$600 to any cha      | arity?            |
|      | N          | lo.                                                                 |                      |                                |                                                                           |                          |                   |
|      | ΠY         | es. Fill in the details for each                                    | ı gift.              |                                |                                                                           |                          |                   |
| Pa   | art 6:     | List Certain Losses                                                 |                      |                                |                                                                           |                          |                   |
| 15   |            | in 1 year before you filed for<br>bling?                            | r bankruptcy or sinc | e you filed for bankruptcy, di | id you lose anything because of tl                                        | neft, fire, other dis    | saster, or        |
|      | ■ N<br>□ Y | lo.<br>es. Fill in the details for each                             | ı aift.              |                                |                                                                           |                          |                   |
|      |            |                                                                     |                      |                                |                                                                           |                          |                   |
| 17   | art 7:     | List Certain Payments or                                            | Transiers            |                                |                                                                           |                          |                   |
| 16   | cons       | ulted about seeking bankru                                          | ptcy or preparing a  | bankruptcy petition?           | our behalf pay or transfer any pro<br>ies for services required in your b |                          | ou                |
|      | □и         | lo.                                                                 |                      |                                |                                                                           |                          |                   |
|      | Y          | es. Fill in the details                                             |                      |                                |                                                                           |                          |                   |
|      | Pá         | arty Contact Info                                                   |                      | Description and value of an    | y property transferred                                                    | Date payment or transfer | Amount of payment |
|      | _          | Geraci Law L.L.C.                                                   |                      |                                |                                                                           |                          | \$1,005.00        |
|      | _          | 55 E. Monroe Street #3400                                           |                      |                                |                                                                           |                          |                   |
|      | -          | Chicago,IL 60603                                                    |                      |                                |                                                                           |                          |                   |
|      | -          |                                                                     |                      |                                |                                                                           |                          |                   |
|      |            |                                                                     |                      |                                |                                                                           |                          |                   |
|      |            |                                                                     |                      |                                |                                                                           |                          |                   |
|      |            |                                                                     |                      |                                |                                                                           |                          |                   |
|      |            |                                                                     |                      |                                |                                                                           |                          |                   |
|      |            |                                                                     |                      |                                |                                                                           |                          |                   |
|      |            |                                                                     |                      |                                |                                                                           |                          |                   |
|      |            |                                                                     |                      |                                |                                                                           |                          |                   |
|      |            |                                                                     |                      |                                |                                                                           |                          |                   |
|      |            |                                                                     |                      |                                |                                                                           |                          |                   |

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 Debtor 1
 Jasen
 Robert
 Sundberg
 Case Number (if known)

 First Name
 Middle Name
 Last Name

|    | Party Contact Info                                                                                                                                                                      | Description and value of                                             | any property tran            | sferred                                      | Date payme<br>or transfer | ent Amount                          | of payment             |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------|----------------------------------------------|---------------------------|-------------------------------------|------------------------|
|    | Hananwill Credit Counseling                                                                                                                                                             | Credit Counseling Services                                           | <b>3</b>                     |                                              | 2017                      | \$25.00                             |                        |
|    | 115 N. Cross St.                                                                                                                                                                        |                                                                      |                              |                                              |                           |                                     |                        |
|    | Robinson, IL 62454                                                                                                                                                                      |                                                                      |                              |                                              |                           |                                     |                        |
|    |                                                                                                                                                                                         |                                                                      |                              |                                              |                           |                                     |                        |
|    |                                                                                                                                                                                         |                                                                      |                              |                                              |                           |                                     |                        |
|    |                                                                                                                                                                                         |                                                                      |                              |                                              |                           |                                     |                        |
|    |                                                                                                                                                                                         |                                                                      |                              |                                              |                           |                                     |                        |
| 17 | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that                                                  | rs or to make payments to your cre                                   |                              | or transfer any pro                          | perty to anyo             | one who                             |                        |
|    | No.                                                                                                                                                                                     |                                                                      |                              |                                              |                           |                                     |                        |
|    | Yes. Fill in the details.                                                                                                                                                               |                                                                      |                              |                                              |                           |                                     |                        |
| 18 | Within 2 years before you filed for bankrupto transferred in the ordinary course of your bu include both outright transfers and transfers Do not include gifts and transfers that you h | usiness or financial affairs?<br>s made as security (such as the gra | nting of a securit           |                                              |                           | -                                   |                        |
|    | No.                                                                                                                                                                                     |                                                                      |                              |                                              |                           |                                     |                        |
|    | Yes. Fill in the details for each gift.                                                                                                                                                 |                                                                      |                              |                                              |                           |                                     |                        |
|    |                                                                                                                                                                                         | Description and value of transferred                                 |                              | Describe any proper<br>or debts paid in exch |                           | received                            | Date transfer was made |
|    | Victory Auto Wreckers                                                                                                                                                                   | 02 Pontiac Grand Prix                                                | 3                            | \$200                                        |                           |                                     | 12/2017                |
|    |                                                                                                                                                                                         | _                                                                    |                              |                                              |                           |                                     |                        |
|    |                                                                                                                                                                                         | _                                                                    |                              |                                              |                           |                                     |                        |
|    |                                                                                                                                                                                         | _                                                                    |                              |                                              |                           |                                     |                        |
|    |                                                                                                                                                                                         |                                                                      |                              |                                              |                           |                                     |                        |
|    | Person's relationship to you None                                                                                                                                                       |                                                                      |                              |                                              |                           |                                     |                        |
| 19 | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-property)                                                                                       |                                                                      | o a self-settled tr          | ust or similar devi                          | ce of which y             | ou are a                            |                        |
|    | No.                                                                                                                                                                                     | ,                                                                    |                              |                                              |                           |                                     |                        |
|    | Yes. Fill in the details for each gift.                                                                                                                                                 |                                                                      |                              |                                              |                           |                                     |                        |
|    |                                                                                                                                                                                         |                                                                      |                              |                                              |                           |                                     |                        |
| P  | List Certain Financial Accounts, Instru                                                                                                                                                 | uments, Safe Deposit Boxes, and Sto                                  | age Units                    |                                              |                           |                                     |                        |
| 20 | Within 1 year before you filed for bankruptcy                                                                                                                                           | , were any financial accounts or in                                  | struments held in            | n your name, or fo                           | r your benefit            | , closed,                           |                        |
|    | sold, moved, or transferred? Include checking, savings, money market, or                                                                                                                | r other financial accounts; certifica                                | ites of deposit: sh          | nares in banks, cre                          | edit unions, b            | rokerage                            |                        |
|    | houses, pension funds, cooperatives, assoc                                                                                                                                              |                                                                      | -                            | ,                                            | <b>, -</b> -              |                                     |                        |
|    | No.                                                                                                                                                                                     |                                                                      |                              |                                              |                           |                                     |                        |
|    | Yes. Fill in the details.                                                                                                                                                               |                                                                      |                              |                                              |                           |                                     |                        |
|    |                                                                                                                                                                                         | Last 4 digits of account number                                      | Type of account o instrument | closed, sol<br>or transfer                   | ld, moved,                | Last balance befolgosing or transfo |                        |
| 21 | Do you now have, or did you have within 1 y cash, or other valuables?                                                                                                                   | ear before you filed for bankruptc                                   | , any safe deposi            | it box or other dep                          | ository for se            | ecurities,                          |                        |
|    | _ `                                                                                                                                                                                     |                                                                      |                              |                                              |                           |                                     |                        |
|    | No.  ☐ Yes. Fill in the details.                                                                                                                                                        |                                                                      |                              |                                              |                           |                                     |                        |
|    | 165. Fill lift tile details.                                                                                                                                                            | Who else had access to it?                                           | Describe th                  | ne contents                                  |                           | Do you still                        |                        |
|    |                                                                                                                                                                                         |                                                                      |                              |                                              |                           | have it?                            |                        |
|    |                                                                                                                                                                                         |                                                                      |                              |                                              |                           |                                     |                        |
|    |                                                                                                                                                                                         |                                                                      |                              |                                              |                           |                                     |                        |

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| Jepto | or 1              | Jasen                                                 | Robert              | Sunuberg                                                                                | Case Number (If known)                      |                    |
|-------|-------------------|-------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------|---------------------------------------------|--------------------|
|       |                   | First Name                                            | Middle Name         | Last Name                                                                               |                                             |                    |
| 22    | Hav               | e you stored property in                              | a storage unit o    | r place other than your home within 1 ye                                                | ear before you filed for bankruptcy?        |                    |
|       |                   | No.                                                   |                     |                                                                                         |                                             |                    |
|       | $\Box$            | Yes. Fill in the details.                             |                     |                                                                                         |                                             |                    |
|       |                   |                                                       |                     | Who else has or had access to it?                                                       | Describe the contents                       | Do you still       |
|       |                   |                                                       |                     |                                                                                         |                                             | have it?           |
| P     | art 9:            | Identify Property You                                 | Hold or Control f   | for Someone Else                                                                        |                                             |                    |
| 23    | Dov               | you hold or control any p                             | property that son   | neone else owns? Include any property                                                   | you borrowed from, are storing for, or hol  | d in trust         |
|       | -                 | someone.                                              | .,,                 | , , , , , , , , , , , , , , , , , , ,                                                   | , ,                                         |                    |
|       |                   | No.                                                   |                     |                                                                                         |                                             |                    |
|       | $\overline{\Box}$ | Yes. Fill in the details.                             |                     |                                                                                         |                                             |                    |
|       |                   |                                                       |                     | Where is the property?                                                                  | Describe the property                       | Value              |
|       |                   |                                                       |                     |                                                                                         |                                             |                    |
| Pa    | art 10            | Give Details About Er                                 | nvironmental Info   | rmation                                                                                 |                                             |                    |
| For   | the               | purpose of Part 10, the fo                            | ollowing definition | ons apply:                                                                              |                                             |                    |
|       | Envi              | ronmental law means an                                | y federal, state,   | or local statute or regulation concerning                                               | pollution, contamination, releases of       |                    |
|       |                   |                                                       |                     | aterial into the air, land, soil, surface wa<br>the cleanup of these substances, wastes | · ·                                         |                    |
|       |                   | means any location, facil<br>used to own, operate, or |                     | _                                                                                       | , whether you now own, operate, or utilize  |                    |
|       |                   |                                                       |                     | onmental law defines as a hazardous wa<br>ntaminant, or similar term.                   | ste, hazardous substance, toxic             |                    |
| Rep   | ort a             | all notices, releases, and                            | proceedings tha     | at you know about, regardless of when t                                                 | ney occurred.                               |                    |
| 24    | Has               | any governmental unit r                               | notified you that   | you may be liable or potentially liable u                                               | nder or in violation of an environmental la | w?                 |
|       |                   | No.                                                   |                     |                                                                                         |                                             |                    |
|       |                   | Yes. Fill in the details.                             |                     |                                                                                         |                                             |                    |
|       |                   |                                                       |                     | Governmental unit                                                                       | Environmental law, if you know it           | Date of notice     |
| 25    | ⊔av               | o you notified any gover                              | nmontal unit of     | any release of hazardous material?                                                      |                                             |                    |
|       | _                 |                                                       | innental unit of a  | any release of nazardous material:                                                      |                                             |                    |
|       | =                 | No.                                                   |                     |                                                                                         |                                             |                    |
|       | П,                | Yes. Fill in the details.                             |                     |                                                                                         |                                             | D ( 1 "            |
|       |                   |                                                       |                     | Governmental unit                                                                       | Environmental law, if you know it           | Date of notice     |
| 26    | Hav               | e you been a party in any                             | y judicial or adm   | inistrative proceeding under any enviro                                                 | nmental law? Include settlements and ord    | ers.               |
|       |                   | No.                                                   |                     |                                                                                         |                                             |                    |
|       | $\overline{\Box}$ | Yes. Fill in the details.                             |                     |                                                                                         |                                             |                    |
|       |                   |                                                       |                     | Court or agency                                                                         | Nature of the case                          | Status of the case |
|       |                   |                                                       |                     |                                                                                         |                                             |                    |
| Pa    | ırt 11            | Give Details About Yo                                 | our Business or C   | onnections to Any Business                                                              |                                             |                    |
| 27    | With              | nin 4 years before you file                           | ed for bankrupto    | cy, did you own a business or have any o                                                | of the following connections to any busine  | ess?               |
|       |                   | A sole proprietor or s                                | elf-employed in     | a trade, profession, or other activity, eit                                             | her full-time or part-time                  |                    |
|       |                   | A member of a limited                                 | d liability compa   | ny (LLC) or limited liability partnership (                                             | LLP)                                        |                    |
|       |                   | A partner in a partner                                | ship                |                                                                                         |                                             |                    |
|       |                   | An officer, director, o                               | r managing exec     | cutive of a corporation                                                                 |                                             |                    |
|       |                   |                                                       |                     | or equity securities of a corporation                                                   |                                             |                    |
|       |                   | _                                                     |                     |                                                                                         |                                             |                    |
|       |                   | No. None of the above ap                              | plies. Go to Part   | t 12.                                                                                   |                                             |                    |
|       |                   | Yes. Check all that apply                             | above and fill in t | the details below for each business.                                                    |                                             |                    |
|       |                   |                                                       |                     |                                                                                         |                                             |                    |
|       |                   |                                                       |                     |                                                                                         |                                             |                    |
|       |                   |                                                       |                     |                                                                                         |                                             |                    |
|       |                   |                                                       |                     |                                                                                         |                                             |                    |

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|            | laaa                                        | Dahart                                            | Considerate 1 org                    |                                                            |            |
|------------|---------------------------------------------|---------------------------------------------------|--------------------------------------|------------------------------------------------------------|------------|
| Debtor 1   | Jasen                                       | Robert                                            | Sundberg                             | Case Number (if known)                                     |            |
|            | First Name                                  | Middle Name                                       | Last Name                            |                                                            |            |
|            | hin 2 years before<br>titutions, creditors, | = = = :                                           | you give a financial statement to    | anyone about your business? Include all financia           | ıl         |
|            | No.                                         |                                                   |                                      |                                                            |            |
|            | Yes. Fill in the deta                       | ils.                                              |                                      |                                                            |            |
|            |                                             | Date iss                                          | sued                                 |                                                            |            |
| Part 12    | Sign Below                                  |                                                   |                                      |                                                            |            |
| in co      | nnection with a ba<br>.S.C. §§ 152, 1341,   | nkruptcy case can result in fi<br>1519, and 3571. | nes up to \$250,000, or imprisonn    |                                                            | 1          |
| ×          | /s/ Jasen Rober                             | t Sundberg                                        | /s/ Jennifer                         | L Sundberg                                                 |            |
|            | Signature of Debto                          | r 1                                               | Signature of D                       | ebtor 2                                                    |            |
|            |                                             |                                                   |                                      |                                                            |            |
|            | Date 02/07/2018                             |                                                   | Date <u>02/07/2</u>                  |                                                            |            |
|            | MM / DD /                                   | YYYY                                              | MM / [                               | OD / YYYY                                                  |            |
| <b>■</b> 1 | No<br>Yes<br>You pay or agree to            |                                                   | of Financial Affairs for Individuals | s Filing for Bankruptcy (Official Form 107)? ruptcy forms? |            |
|            | es. Name of person                          | on                                                |                                      | Attach the Bankruptcy Petition Preparer's Notice,          |            |
|            |                                             |                                                   |                                      | Declaration, and Signature (Official F                     | form 119). |

|                                                                         | nformation to identify  Jasen                                                                                               |                                                                                                        | Sundberg                                                                                         | red 02/08/18 13:59:48<br>5 of 59                                                                         | Desc Main                                 |      |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------|------|
| Debtor 1                                                                | First Name                                                                                                                  | Middle Name                                                                                            | Last Name                                                                                        |                                                                                                          |                                           |      |
| Debtor 2                                                                | Jennifer                                                                                                                    | L                                                                                                      | Sundberg                                                                                         |                                                                                                          |                                           |      |
| (Spouse, if filing)                                                     | First Name                                                                                                                  | Middle Name                                                                                            | Last Name                                                                                        |                                                                                                          |                                           |      |
| Case Numbe<br>(If known)                                                | er                                                                                                                          | e : <u>NORTHERN</u> District of _                                                                      | ILLINOIS<br>(State)<br>                                                                          |                                                                                                          | ☐ Check if this is an amended filing      |      |
|                                                                         | orm 108<br>ent of Intenti                                                                                                   | on for Individua                                                                                       | ls Filing Under Cha                                                                              | apter 7                                                                                                  |                                           | 12/1 |
| ■ creditors have lead you have lead You must file the whichever is each | ve claims secured by<br>ased personal proper<br>this form with the cou<br>arlier, unless the cou<br>people are filing toge  | ty and the lease has not exp<br>irt within 30 days after you f<br>irt extends the time for caus        | ired.<br>ile your bankruptcy petition or b                                                       | y the date set for the meeting of cred<br>the creditors and lessors you list.                            | litors,                                   |      |
| write your nam                                                          | e and accurate as poon<br>ne and case number (<br>List Your Creditors Wi<br>editors that you listed                         | ssible. If more space is need<br>if known).<br>no Have Secured Claims                                  | *                                                                                                | nis form. On the top of any additional ed by Property (Official Form 106D),                              |                                           |      |
| Part 1:  1. For any cre information                                     | e and accurate as poon<br>ne and case number (<br>List Your Creditors Wi<br>editors that you listed<br>n below.             | ssible. If more space is need<br>if known).<br>no Have Secured Claims                                  | editors Who Have Claims Secur                                                                    | is form. On the top of any additional                                                                    |                                           |      |
| Part 1:  1. For any cre information                                     | e and accurate as poone and case number ( List Your Creditors Will editors that you listed in below. e creditor and the pro | ssible. If more space is need<br>if known).<br>no Have Secured Claims<br>I in Part 1 of Schedule D: Cr | What do you intend to secures a debt?  Surrender the Retain the percentage of the Reaffirmation. | nis form. On the top of any additional ed by Property (Official Form 106D), to do with the property that | fill in the<br>Did you claim the property |      |

☐ No Creditor's ☐ Surrender the property name: Retain the property and redeem it Yes Retain the property and enter into a Description of Reaffirmation Agreement. property securing debt: Retain the property and [explain]: \_ □No Creditor's ☐ Surrender the property name: Retain the property and redeem it Yes Retain the property and enter into a Description of Reaffirmation Agreement. property securing debt: Retain the property and [explain]:

Jasen

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First Name

**List Your Unexpired Personal Property Leases** 

|                                                                                                                           | Schedule G: Executory Contracts and Unexpired Leases (Official Forexpired leases are leases that are still in effect; the lease period has see if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |                            |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Describe your unexpired personal property leases                                                                          |                                                                                                                                                                                                          | Will the lease be assumed? |
| Lessor's name:                                                                                                            |                                                                                                                                                                                                          | ☐ No                       |
| Description of leased property:                                                                                           |                                                                                                                                                                                                          | Yes                        |
| Lessor's name:                                                                                                            |                                                                                                                                                                                                          | □ No                       |
| Description of leased property:                                                                                           |                                                                                                                                                                                                          | Yes                        |
| Lessor's name:                                                                                                            |                                                                                                                                                                                                          | □No                        |
| Description of leased property:                                                                                           |                                                                                                                                                                                                          | Yes                        |
| Lessor's name:                                                                                                            |                                                                                                                                                                                                          | □No                        |
| Description of leased property:                                                                                           |                                                                                                                                                                                                          | □Yes                       |
| Lessor's name:                                                                                                            |                                                                                                                                                                                                          | □No                        |
| Description of leased property:                                                                                           |                                                                                                                                                                                                          | □Yes                       |
| Lessor's name:                                                                                                            |                                                                                                                                                                                                          | □ No                       |
| Description of leased property:                                                                                           |                                                                                                                                                                                                          | □Yes                       |
| Lessor's name:                                                                                                            |                                                                                                                                                                                                          | □ No                       |
| Description of leased property:                                                                                           |                                                                                                                                                                                                          | Yes                        |
| Part S: Sign Below                                                                                                        |                                                                                                                                                                                                          |                            |
| Under penalty of perjury, I declare that I have indicated my int personal property that is subject to an unexpired lease. | ention about any property of my estate that secures a debt and any                                                                                                                                       |                            |
| ★ Is/ Jasen Robert Sundberg Signature of Debtor 1                                                                         | ★ /s/ Jennifer L Sundberg  Signature of Debtor 2                                                                                                                                                         |                            |
| Date Dated: 02/07/2018                                                                                                    | Date Dated: 02/07/2018                                                                                                                                                                                   |                            |

Official Form 108

MM / DD / YYYY

MM / DD / YYYY

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

|     |             |               | NORTHERN                          | DISTRICT OF ILLINOIS WEST                                                      | EKIN DIVISIO     | <i>5</i> 1 <b>\</b>         |
|-----|-------------|---------------|-----------------------------------|--------------------------------------------------------------------------------|------------------|-----------------------------|
| In  | re          |               |                                   |                                                                                |                  |                             |
|     |             | Sundberg      | and Jennifer L Sundberg /         |                                                                                | Case No:         |                             |
| De  | btors       |               |                                   |                                                                                | Chapter:         | Chapter 7                   |
|     |             |               | DISCLOSUDE O                      | F COMPENSATION OF ATTORN                                                       | IEV EAD DEE      | PTOD                        |
| 1.  | Pursuant    | to 11 U.S.    |                                   | 2016(b), I certify that I am the attorned                                      | _                | _                           |
|     |             |               |                                   | ng of the petition in bankruptcy, or ag                                        | -                |                             |
| ren | dered or to | be rendere    | ed on behalf of the debtor(s) in  | contemplation of or in connection wi                                           | th the bankrupt  | tcy case is as follows:     |
|     | For lega    | l services, l | I have agreed to accept           | \$1,000.00                                                                     |                  |                             |
|     | Prior to    | the filing o  | f this statement I have received  | \$1,005.00                                                                     |                  |                             |
|     | Balance     | Due           |                                   | \$0.00                                                                         |                  |                             |
|     | Post Cas    | se-Filing W   | ork Pre-Paid:                     | \$5.00                                                                         |                  |                             |
|     |             |               |                                   |                                                                                |                  |                             |
| 2.  | The sour    | ce of the co  | ompensation paid to me was:       |                                                                                |                  |                             |
|     | De          | ebtor(s)      | Other: (specify)                  |                                                                                |                  |                             |
| 3.  | The sour    | ce of comp    | ensation to be paid to me is:     |                                                                                |                  |                             |
|     | D           | ebtor(s)      | Other: (specify)                  |                                                                                |                  |                             |
| 4.  | I ha        | ve not agre   | ed to share the above-disclosed   | d compensation with any other person                                           | unless they ar   | e members and associates    |
|     | of n        | ny law firm   | l.                                |                                                                                |                  |                             |
|     | I ha        | ve agreed t   | o share the above-disclosed co    | mpensation with a other person or per                                          | rsons who are i  | not members or associates   |
|     |             | -             | a. A copy of the agreement, tog   | gether with a list of the names of the p                                       | people sharing   | in the compensation, is     |
| 5.  |             | ched.         | wa disclosed fee I have agreed    | I to render legal service for all aspects                                      | of the bankru    | ntev                        |
| ٥.  | case, incl  |               | ve-disclosed fee, I have agreed   | to render legal service for all aspects                                        | s of the banking | picy                        |
|     | a. Ana      | llysis of the | debtor's financial situation, ar  | nd rendering advice to the debtor in d                                         | etermining who   | ether to file a petition in |
|     | ban         | kruptcy;      |                                   |                                                                                |                  |                             |
|     | b. Prep     | paration and  | d filing of any petition, schedul | les, statements of affairs and plan whi                                        | ich may be requ  | uired;                      |
|     |             |               |                                   | •                                                                              |                  |                             |
|     |             |               |                                   |                                                                                |                  |                             |
| 6.  | By agree    | ment with t   | the debtor(s), the above-disclos  | sed fee does not include the following                                         | service:         |                             |
|     | Fee does    | NOT inclu     | de any work done post-filing.     |                                                                                |                  |                             |
|     |             |               |                                   |                                                                                |                  |                             |
|     |             |               |                                   | CERTIFICATION                                                                  |                  |                             |
|     |             |               | , , ,                             | nplete statement of any agreement or<br>e debtor(s) in this bankruptcy proceed | ~                | or                          |
|     |             | 1             | r                                 | - (-) Process                                                                  | <i>G</i>         |                             |
|     |             | Date:         | 02/08/2018                        | /s/ Jason Kyle Nielson                                                         |                  |                             |
|     |             | Date          |                                   | Signature of Attorney                                                          |                  |                             |

753794 Page 1 of 1 Record #

Geraci Law L.L.C. Name of law firm

#### Geraci Lawad 10.2008/Illifois Entitiana 0/2/198018 in 3:59:48 Case 18-80261 Headquarters: 55 E. Monroe Street, #3400 Chicago Intended: 866 agree 748 OCISENT CORNER WWW.INFOTAPES.COM

Desc Main



Date: 10/25/2017

Consultation Attorney: MEL

Record #: 753-794 Retainer Agreement Chapter 7 - Pre-filing

| The second to pay by                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ervices before filing in Court: I retain Geraci Law L.L.C. to prepare to file a Chapter 7 bankruptcy petition in court. I agree to pay, by                                                                          |
| ebit only, a flat fee for services <b>before</b> filing in court of \$1,000.00_                                                                                                                                     |
| ent only, a flat lee for services before filling in count of \$\frac{1}{2}\text{per \{\text{per \{\text{starting \{\}}}}}                                                                                           |
|                                                                                                                                                                                                                     |
| 1 within 60 days of today Bankruntcy is time-sensitive                                                                                                                                                              |
| nd \${}   will obtain from { within 60 days of today. Bankruptcy is time-sensitive                                                                                                                                  |
| the attack and property pact filling services. After filling in court, any balance on the pre-filling tee is discharged. We will                                                                                    |
| ay pay more than this amount to pre-pay post-filing services. After filing in court, any balance on the pre-filing fee is discharged. We will                                                                       |
| ay pay more than this amount to pre-pay post-filling services. After filling are preparing your documents as soon as you sign this contract. Work before signing is no charge. Work or Costs advanced AFTER filling |
| art preparing your documents as deem as you and any new up for it in advance.                                                                                                                                       |
| Court is not included in the pre-filing amount, unless you pay us for it in advance:                                                                                                                                |

After we file your Chapter 7 bankruptcy in Court, we will advance your Court Cost of \$335, and the flat fee for services after case filing is  $\frac{1,095.00}{2}$  & \$335 = \$  $\frac{1,430.00}{2}$  total flat fee. We will present you with an agreement to repay the \$335, and pay a fee for our services after filing through Discharge or case closing without discharge. Whether or not you sign a post-filing agreement is entirely voluntary: you are not required to retain Geraci Law for post-bankruptcy services. You may hire some other law firm to finish your bankruptcy and Geraci Law may withdraw from representing you.

The flat fee for pre-filing work pays for: consultation after hiring us, (before retaining us is free) preparation petition and schedules, means test & statement of financial affairs; phone calls, emails, web messages; processing and reviewing documents that we requested from you including faxes, email attachments, web uploads and mail; office appointment to review and sign your petition; filing your case in court. Excluded: appearance in any court or proceeding; taking calls from your creditors or bill collectors. If you decide to pre-pay, or pay for ALL services before and after we file your case in court, all work until case closing is included except: missed section 341 meetings; amendments to schedules; adversary proceedings; any motions including to reopen, avoid judgment liens, for enlargement of time; any contested matter including but not limited to objections to exemptions, motions to dismiss; attending rule 2004 examinations; reviewing documents that we did not specifically request from you; appearance other than bankruptcy court.

Flat fee. With "flat fee", rather than hourly, you know in advance your entire cost unless additional work is required and it usually is cheaper, but you may choose to pay for our services billed hourly at \$75 -\$450/hour, and pay in advance a security retaier, which may cost you more, or less than a flat fee. Advance Payment Retainer. Payments on flat fee or hourly become our property on payment and are deposited into our operating account, not into a client trust account. We will only refund unearned fees.. You may enter into a security retainer agreement with another law firm: we will not because you may lose funds held in our trust account which may be assets in a Chapter 7.

Termination. If you decide not to proceed, delay, fail to respond, fail to pay my attorneys or provide all information & sign my petition according to this schedule, I agree that Geraci Law may discontinue work and charge me for the work done to date at hourly rates shown above. We will only refund fees not earned. Wisconsin: We will submit any unresolved dispute about the fee to binding arbitration within 30 days of receiving written notice of the dispute. You may file a claim with the Wisconsin Lawyers' Fund for Client Protection if the we fail to provide a refund of unearned advanced fees. If you dispute the amount of the fee and want that dispute to be submitted to binding arbitration, you must provide written notice of the dispute to Geraci Law within 30 days of the mailing of the accounting. If we are unable to resolve the dispute to the satisfaction of you within 30 days after notice of the dispute from the client, we shall submit the dispute to binding arbitration.

Time matters: You agree: to fully cooperate with us and provide all information required; use Client Corner and not to cause excessive work; that more than one attorney or staff will work on your file there is no extra charge for the entire Geraci Law Team, unlike single attorney "law firms". Change in circumstances: This flat fee is based on the facts you told us. If that changes, your fee may change. Exemption laws only protect a limited amount of property. File Chapter 13 if you have property not claimed as exempt, or risk turn over "non-exempt" property to a Trustee. No guarantee of Discharge: Creditors or others may object to a chapter 7 discharge of certain debts or to any discharge, for a variety of reasons. Debts not discharged: student loans; educational debts and tuition; most tax debts; undisclosed debts; maintenance or support; fines; fraud, stealing or intentional injury claims, debts after filling including HQA dues; other debts listed in your green folder as usually not discharged. No discharge if you don't take the 2nd educational course. I will not transfer or acquire any property or incur any credit or debt before filling, and I must make full displayable of all income, expenses, debts

Date: 10 / 25/ 1 sen Sundberg (Debtor)

Attorney for the Debtor(s), Representing Geraci Law L.L.C.

(Joint Debto

rev 161112

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

Jasen Robert Sundberg and Jennifer L Sundberg / Debtors

In re

Bankruptcy Docket #:

Judge:

#### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 02/07/2018 /s/ Jasen Robert Sundberg

Jasen Robert Sundberg

X Date & Sign

X Date & Sign

Dated: 02/07/2018 /s/ Jennifer L Sundberg

Jennifer L Sundberg

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<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

B 201A (Form 201A) (11/11)

## Document Page 50 of 59 In re Jasen Robert Sundberg and Jennifer L Sundberg / Debtors

# NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

UNITED STATES BANKRUPTCY COURT

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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Form B 201A, Notice to Consumer Debtor(s)

n re Jasen Robert Sundberg and Jennifer L Sundberg / Debtor

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 02/07/2018 | /s/ Jasen Robert Sundberg    |
|-------------------|------------------------------|
|                   | Jasen Robert Sundberg        |
| Dated: 02/07/2018 | /s/ Jennifer L Sundberg      |
|                   | Jennifer L Sundberg          |
| Dated: 02/08/2018 | /s/ Jason Kyle Nielson       |
|                   | Attorney: Jason Kyle Nielson |

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| btor 1      | Jasen                                                | Robert                                         | Sundberg                                                                                                                                                                                                  | Case Number (if known                                                            | n)                                                         |  |  |  |
|-------------|------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------|--|--|--|
| btor 1      | First Name                                           | Middle Name                                    | Last Name                                                                                                                                                                                                 |                                                                                  |                                                            |  |  |  |
|             |                                                      |                                                |                                                                                                                                                                                                           |                                                                                  |                                                            |  |  |  |
| art 6:      | Answer These Question                                | ns for Reporting Purposes                      |                                                                                                                                                                                                           |                                                                                  |                                                            |  |  |  |
|             | hat kind of debts do<br>ou have?                     | as "incurred by a                              | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. |                                                                                  |                                                            |  |  |  |
|             |                                                      | Yes. Go to li                                  |                                                                                                                                                                                                           |                                                                                  |                                                            |  |  |  |
|             |                                                      | money for a bus                                | iness or investment or throu                                                                                                                                                                              | ots? Business debts are debts that<br>igh the operation of the business or       | you incurred to obtain investment.                         |  |  |  |
|             |                                                      | ∐No. Go to lir<br>∐Yes. Go to l                | ine 17.                                                                                                                                                                                                   |                                                                                  |                                                            |  |  |  |
|             |                                                      | 16c. State the type of                         | f debts you owe that are not                                                                                                                                                                              | consumer debts or business debts.                                                | •                                                          |  |  |  |
|             |                                                      |                                                |                                                                                                                                                                                                           |                                                                                  | _                                                          |  |  |  |
| . А         | re you filing under                                  | Пъъ Lem net fi                                 | ling under Chapter 7. Go to                                                                                                                                                                               | line 18                                                                          |                                                            |  |  |  |
|             | hapter 7?                                            | <del></del>                                    |                                                                                                                                                                                                           |                                                                                  | why is eveluded and                                        |  |  |  |
| n           | o you estimate that after                            |                                                | under Chapter 7. Do you e<br>itive expenses are paid that                                                                                                                                                 | stimate that after any exempt prope<br>funds will be available to distribute     | to unsecured creditors?                                    |  |  |  |
|             | ny exempt property is                                |                                                | •                                                                                                                                                                                                         |                                                                                  |                                                            |  |  |  |
| _           | xcluded and                                          | No.                                            |                                                                                                                                                                                                           |                                                                                  |                                                            |  |  |  |
|             | dministrative expenses<br>re paid that funds will be | ∐Yes.                                          |                                                                                                                                                                                                           |                                                                                  |                                                            |  |  |  |
|             | vailable for distribution                            |                                                |                                                                                                                                                                                                           |                                                                                  |                                                            |  |  |  |
| t           | o unsecured creditors?                               |                                                |                                                                                                                                                                                                           |                                                                                  | <b>T</b> or ood 50 000                                     |  |  |  |
| 3. <b>I</b> | low many creditors do                                | <b>1-49</b>                                    | <del></del> ·                                                                                                                                                                                             | 00-5,000                                                                         | ☐ 25,001-50,000<br>☐ 50,001-100,000                        |  |  |  |
| -           | ou estimate that you                                 | 50-99                                          | <del>_</del> :                                                                                                                                                                                            | 01-10,000<br>,001-25,000                                                         | ☐ More than 100,000                                        |  |  |  |
| •           | owe?                                                 | ☐ 100-199<br>☐ 200-999                         | □ 10,                                                                                                                                                                                                     | 001-20,000                                                                       |                                                            |  |  |  |
|             |                                                      | \$0-\$50,000                                   | П\$1                                                                                                                                                                                                      | ,000,001-\$10 million                                                            | ☐\$500,000,001-\$1 billion                                 |  |  |  |
|             | low much do you estimate your assets to              | \$50,001-\$100,0                               | =::                                                                                                                                                                                                       | 0,000,001-\$50 million                                                           | □\$1,000,000,001-\$10 billion                              |  |  |  |
|             | estimate your assets to<br>be worth?                 | \$100,001-\$500                                | 0,000 □\$5                                                                                                                                                                                                | 0,000,001-\$100 million                                                          | □\$10,000,000,001-\$50 billion                             |  |  |  |
| •           |                                                      | \$500,001-\$1 m                                |                                                                                                                                                                                                           | 00,000,001-\$500 million                                                         | ☐More than \$50 billion                                    |  |  |  |
|             | How much do you                                      | □ \$0-\$50,000                                 | □\$1                                                                                                                                                                                                      | ,000,001-\$10 million                                                            | □\$500,000,001-\$1 billion                                 |  |  |  |
|             | estimate your liabilities                            | \$50,001-\$100,                                |                                                                                                                                                                                                           | 0,000,001-\$50 million                                                           | \$1,000,000,001-\$10 billion                               |  |  |  |
|             | to be?                                               | \$100,001-\$500                                |                                                                                                                                                                                                           | 50,000,001-\$100 million                                                         | \$10,000,000,001-\$50 billion                              |  |  |  |
|             |                                                      | □ \$500,001-\$1 n                              | nillion 🔲 \$1                                                                                                                                                                                             | 00,000,001-\$500 million                                                         | ☐ More than \$50 billion                                   |  |  |  |
| Part        | 7: Sign Below                                        |                                                |                                                                                                                                                                                                           |                                                                                  |                                                            |  |  |  |
| For y       |                                                      | I have examined this correct.                  | s petition, and I declare und                                                                                                                                                                             | er penalty of perjury that the informa                                           | ation provided is true and                                 |  |  |  |
|             | <b>-</b>                                             |                                                | ile under Chapter 7, I am av<br>ates Code. I understand the                                                                                                                                               | ware that I may proceed, if eligible, u<br>e relief available under each chapter | under Chapter 7, 11,12, or 13<br>; and I choose to proceed |  |  |  |
|             |                                                      | If no attorney repres<br>this document, I have | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).      |                                                                                  |                                                            |  |  |  |
|             |                                                      |                                                | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.                                                                                              |                                                                                  |                                                            |  |  |  |
|             |                                                      | with a bankruptcy o                            | g a false statement, concea<br>ase can result in fines up to<br>1341, 1519, and 3571.                                                                                                                     | ling property, or obtaining money or \$250,000, or imprisonment for up to        | r property by fraud in connection<br>o 20 years, or both.  |  |  |  |
|             |                                                      | Signature of I                                 | Debtor 1                                                                                                                                                                                                  | * Signakui                                                                       | re of Debtor 2                                             |  |  |  |
|             |                                                      | Executed on                                    | : 3 / 7 /2018<br>MM / DD / YYYY                                                                                                                                                                           | Execute                                                                          | ed on : 1/2018<br>MM / DD / YYYY                           |  |  |  |

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| Debtor 1         Jasen         Robert         Sundberg           First Name         Middle Name         Last Name           Debtor 2         Jennifer         L         Sundberg           (Spouse, if filing)         First Name         Middle Name         Last Name |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Debtor 2 Jennifer L Sundberg Last Name                                                                                                                                                                                                                                  |
| (Spouse, If filing) First Name Middle Name                                                                                                                                                                                                                              |
| United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u>                                                                                                                                                                                    |
| Case Number(State)  (If known)                                                                                                                                                                                                                                          |

### Official Form 106 Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below                                                                          |                                                                                               |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out ba  | inkruptcy forms?                                                                              |
| No  Yes. Name of Person                                                             | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|                                                                                     |                                                                                               |
| Under penalty of perjury, I declare that I have read the summary and schedules file | ad with this declaration and that they are true and                                           |
| Signature of Debtor 1                                                               | ebtor 2                                                                                       |
| 2 7 /2018 Pate : 2                                                                  | 7 /2018<br>DD / YYYY                                                                          |

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| Debtor 1                                | jasen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Robert                                                                                                                                                                                             | Sundberg                                                                                                              | Case Number (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                         | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Middle Name                                                                                                                                                                                        |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Part I ha in 18                         | First Name  Ithin 2 years before stitutions, credito  No.  Yes. Fill in the definition of the learning of the | re you filed for bankruptcy, did rs, or other parties.  etails.  Date lsi  rers on this Statement of Finance of correct. I understand that make bankruptcy case can result in 141, 1519, and 3571. | sued  ital Affairs and any attachment ring a false statement, conceal rines up to \$250,000, or impriso  Signature of | s, and I declare under penalty of perjury that the ng property, or obtaining money or property by fraudomment for up to 26 years or both.    Job / YYYY   Job / Job |
|                                         | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                    |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                         | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                    |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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Case 18-80261 Doc 1 Filed 02/08/18 Entered 02/08/18 13:59:48 Desc Main

| Part 2   | List Your Unexpired Po | ersonal Property Leases |                      | Manufacture (Official Form 106G)      |
|----------|------------------------|-------------------------|----------------------|---------------------------------------|
| Deptor   | First Name             | Middle Name             | Last Name            |                                       |
| Debtor 1 | Jasen                  | Robert                  | Document<br>Sundberg | Page 55 0f 59  Case Number (if known) |

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| Inder penalty of perjury, I declare that I have indica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ated my intention about any property of my estate that secures a debt and any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |
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## Disclaimer Debtors have read and agree:

- Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met: (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the rotected, that the trostee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case

| bankruptcy trustee<br>is filed in Court AN<br>Dated: | if it can't be protected, that the trusted by the HAVE TO READ, CHECK, & V | MAKE SURE OUR PENTION IS AC | CURATEIIII   | X Date &         | Sign      |
|------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------|--------------|------------------|-----------|
| Dated. V                                             | 7                                                                          | Jasen Robe                  | ert Sundberg | a cause bus      |           |
| Dated: 2                                             | _/_/2018                                                                   | 8/6                         |              | X Date &         | Sign      |
|                                                      | _                                                                          | Jennifer I                  | Sundberg     |                  |           |
| Record # 7537                                        | 794                                                                        |                             |              | Asset Disclosure | Page 1 of |

Entered 02/08/18 13:59:48 Desc Main Case 18-80261 Doc 1 Filed 02/08/18 Document Page 57 of 59

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS WESTERN DIVISION

In re

Jasen Robert Sundberg and Jennifer L Sundberg / Debtors

Bankruptcy Docket #:

Judge:

## VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

| I DECLARE UND   | R PENALTY OF PERJURY THAT THE FOREGOING IS TRUE | AND CORRECT.  |
|-----------------|-------------------------------------------------|---------------|
| Dated: 2 /      | Jasen Robert Sundberg                           | X Date & Sign |
| Dated: 2/7/2018 | Jennifer L Sundberg                             | X Date & Sign |

<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

# Case 18-80261 Doc 1 Filed 02/08/18 Entered 02/08/18 13:59:48 Desc Main Document Page 58 of 59

| ebtor 1 Jasen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Robert                                                         | Sundberg                                                                            |                   | Case Number (if known) _     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| de la deservación de la constanta de la consta | rrent monthly income. Add li<br>otal for Column A to the total | nes 2 through 10 for each<br>for Column B.                                          |                   | \$1,581.49 +                 | \$3,358.04                              | \$4,939.53                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| COlumn. Their add the to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nai ioi Goldinii i                                             |                                                                                     |                   |                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Part 2: Determine W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | hether the Means Test Applie                                   | s to You                                                                            |                   |                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12. Calculate your current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | monthly income for the yea                                     | r. Follow these steps:                                                              |                   |                              | 40a F                                   | ¢4 020 E2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 12a. Copy your total or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | urrent monthly income from li                                  | ne 11                                                                               |                   | Copy line 11 here            | 12a. [                                  | \$4,939.53                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e number of months in a yea                                    |                                                                                     |                   |                              |                                         | x 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | annual income for this part                                    |                                                                                     |                   |                              | 12b.                                    | \$59,274.36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 13. Calculate the median f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | amily income that applies to                                   | you. Follow these steps:                                                            |                   |                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                | IL.                                                                                 |                   |                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Fill in the state in which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | you live.                                                      |                                                                                     |                   |                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ople in your household.                                        | 4                                                                                   |                   |                              | T                                       | \$94,472.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                | ize of householdgo online using the link specable at the bankruptcy clerk's         |                   | ate                          | 13. [                                   | \$34,412.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 14. How do the lines com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | pare?                                                          |                                                                                     |                   |                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Go to Part 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                | the top of page 1, check box                                                        |                   |                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 14b. Line 12b is mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ore than line 13. On the top o<br>nd fill out Form 122A-2.     | f page 1, check box 2, The p                                                        | resumption of abi | use is determined by Form    | 1 122A-2.                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Part 3: Sign Below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                                                                                     |                   |                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| By signing here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , i declare under penalty of p                                 | erjury that the information on                                                      | this statement an | rd in any attachments is tro | le and correct.                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                     |                   |                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Jasen Robert Sundb                                             | erg                                                                                 |                   | Jennifer L Sundb             | erg (                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Date::                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | //2018                                                         |                                                                                     | Date::            | // (/2018                    | _                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | line 14a, do NOT fill out or fil                               | e Form 122A-2.                                                                      |                   |                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| If you checked                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | line 14b, fill out Form 122A-2                                 | and file it with this form.                                                         |                   |                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Form B 201A, Notice to Consumer Debtor(s)

In re Jasen Robert Sundberg and Jennifer L Sundberg / Debtors

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

## Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Jasen Robert Sundberg

X Date & Sign

Sundberg

X Date & Sign

Form B 201A, Notice to Consumer Debtor(s)

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